APPENDIX B

Final Office Action – Responses to Examiner Comments

New items and new examiner comments are in brackets, compared to those of the 6/23/03 office action. Under "Item" the new item numbers are in brackets. Most are exactly the same as the Examiner comments from the prior office action.

Item	Claims	Examiner Comment	Response to Examiner Comment
[2]		The following is a quotation of the second paragraph of 35 U.S.C. 112: The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.	
[3]		Claims 1-7 and 22-36 rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.	In the Examiner statements of the 6/23/03 action, the examiner states: 2. In the amendment filed 6/11/01 in paper number 7, the following has occurred: claims 8-21 have been canceled, claims 33-36 have been added, and claim 1-7 and 22-32 have been amended. Now, claims 1-7 and 22-36 are presented for examination. 3. The rejections under 35 U.S.C. 112 have been withdrawn by the Examiner based on changes made by Applicant to the claims. This new Examiner statement has no basis in refuting his earlier acceptance.
[4]		Claims 1, 22, and 31 have been amended to recite that "said at least one service recipient's health care record is stored on said central host computer." There is insufficient antecedent basis for this limitation in the claim. It appears that the claims as amended refer to a particular "health care record," however, there is no previous recitation of "a health care record" within the claims. For examination purposes, the Examiner will treat this element as "said at least one service	

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[5]4		recipient's health care data records." [Examiner comments exactly the same as item 4 of 6/23/03.]	
		Quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action: (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.	
[6]5	1-3, 22, 23, 29, 31, 32, 34	[Examiner comments exactly the same as item 5 of 6/23/03.] Rejected under 35 U.S.C. 103(a) as being unpatentable over Cummings U.S. Patent No. 5,301-105 (as previously applied) in view of Pitroda, U.S. Patent No. 5,590,038 (as previously applied).	See comments below. Also, a feature comparison of Johnson, Cummings, Pitroda, Ertel and Edelson is in a separate table following this one that will show Johnson's patent was incorrectly rejected.
[7]6	1	[Examiner comments exactly the same as item 6 of 6/23/03.] As per claim 1, Cummings teaches an integrated health care system for collecting, consolidating, conforming, and distributing health care data concerning at least one individual service recipient, the system comprising: at least one central host computer for maintaining, consolidating, and distributing	Johnson Claim 1 states: "An integrated health care system for collecting, consolidating, conforming, and distributing health care data concerning at least one individual service recipient, the system comprising: at least one central host computer for maintaining, consolidating, and distributing information generated by any component of said system; wherein said centralized host computer is one of a computer, or a network of linked computers having at least one central server; at least one provider terminal in communication with said central host computer; wherein said provider terminal is one of a portable computer, personal information

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		information generated by any component of said system (see column 4, lines 4-21, in particular, Figure 1, element 10);	device, personal digital assistant, personal computer, or server computer; at least one portable individual information device for accessing said system; wherein said portable individual information device is any of an integrated circuit or microchip-based device; a billing module for calculating billing information for a service provided to the at least one individual service recipient; an insurance benefits module for calculating available insurance benefits for a service provided to the at least one individual service recipient; a payment module for electronically transferring funds to pay a bill for services provided to the at least one individual service recipient; an authorization module for authorizing service recipient treatment; a messaging module for providing messaging services to a component of said system; wherein said at least one service recipient's health care data records are stored on said central host computer, said provider terminal, and said individual information device; wherein said central host computer, said provider terminal, and said portable individual information device are electronically linked as a network, to permit information distribution to various locations on said network wherein said system is implemented using any of a global communications network, the Internet, or a local area network; wherein said individual information device stores any of an individual service recipient's insurance information, emergency records, and health care history; wherein said provider terminal includes: a medical insurer module; a health plan sponsor module; an individual service recipient module; a health care service provider module; a health care research module; and a service support module. Wherein said medical insurer module includes functions for plan definition, open enrollment marketing features, automated authorization of benefits, automated referrals, and service payment accounting and: wherein said health plan sponsor module includes functions for open enrollment processes, benefit plan information maintenance, and coordination of distribution and activation or deactivation of individual information devices; wherein said health care service provider module includes functions for maintaining service recipient records, diagnosing and treating service recipient ailments, managing service payments, accounting services, and maintaining service provider records, including licensing information, staffing

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			affiliations, organizational ownership information, tax identification information, curriculum vitae of licensed practitioners, as well as information regarding disciplinary actions; wherein said health care research module includes functions for collecting data on said system for research and analysis of health care issues; wherein said service support module includes functions for service parameter maintenance, product support, customer requests, and system maintenance; wherein said system provides access to Social Security, annuity, retirement account, and benefit information; and wherein said medical insurer module, said health plan sponsor module, said individual service recipient module, said health care service provider module, said health care research module; and said service support module each include databases for storing information; and, wherein said information is linked and organized by at least one indexing key."
			As will be evident throughout the comments below, Cummings, even if designed – which it was not – would not contain the functionality of Johnson's invention.
			Cummings column 4, lines 4-21 defines that the system is composed of a processing system linked to a terminal, printer and monitor with a CRT screen. Figure 1, element 10 is a box labeled "Processing System." Every system will include hardware or it wouldn't be a computer system. It is merely the environment in which the system operates and is available to and necessary for all systems. In addition, Cummings does not include the other hardware and firmware components (i.e. portable individual information device, personal information device, personal digital assistant, integrated circuit card, magnetic storage card, portable integrated circuit or microchip-based device, server computer, etc.) that Johnson does.
	[Examiner comments exactly the same as item 6 of 6/23/03.]		Distributed processing means linked computers. This is merely a hardware environment.
	wherein said centralized host computer is one of a computer, or a network of linked computers having at least one central server		

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	(see column 4, lines 4-21);	[Examiner comments exactly the same as item 6 of 6/23/03.]	Same as above. Element 11 (physician office terminals), element 24 (insurance companies), element 27 (banks/financial institutions) and element 28 (employer) only show terminals in each location.
	at least one provider terminal in communication with said central host computer (see column 4, lines 4-21, in particular, Figure 1, elements 11,24, 27 and 28);	[Examiner comments exactly the same as item 6 of 6/23/03.]	No. Cummings does not teach "provider terminal" as "one of a portable computer, personal information device, personal digital assistant, personal computer, or server computer"; Johnson does.
	wherein said provider terminal is one of a portable computer, personal information device, personal digital assistant, personal computer, or server computer (see column 7, lines 17-25);		Cummings states "The terminal of Fig. 2 includes a main housing 50 having a visual display window 51, a card data entry slot 52 having an elongated portion 53 and an enlarged portion 54, conventional manual data entry keyboard 55 and 10-key numeric calculator 56. It also includes conventional telephone handset cradle 57 and telephone handset 58. As will be evident from reference to Fig. 2, the terminal is operative in accordance with techniques well known in the data processing arts." Johnson is a very senior designer, skilled in the "data processing arts" and can notes that this is a telephone with a display, it is not a portable computer, personal digital assistant, personal computer, or server computer. Cummings does not include the other hardware and firmware components (i.e. portable individual information device, personal information device, personal digital assistant, integrated circuit card, magnetic storage card, portable integrated circuit or microchip-based device, server computer, etc.) that Johnson does. It is not applicable.
		[Examiner comments exactly the same as item 6 of 6/23/03.]	No. Cummings does not provide a billing module for calculating billing information for a service provided to the at least one individual service recipient; Johnson does.
	a billing module for calculating billing information for a service provided to the at least one individual service recipient (see column 5, lines 2-8);		No. Cummings does not provide a billing module for calculating billing information for a service provided to the at least one individual service recipient; Johnson does, managing the functions in modules 108, 110, 112 and 148 using databases 122, 102, 104, and 114 and shared platform services 178, 180, 182, 184, 186, 188, 190 and 192. Cummings states "Claims File 20. There is stored detailed information

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			covering relevant items of interest in ensuring accurate administration of claims in accordance with applicable criteria. Included are items such as those relating to claims histories, claims under review and claims in process." There is no design of a billing function or data used to create such a function. This claim involves only these words.
		[Examiner comments exactly the same as item 6 of 6/23/03.] an insurance benefits module for calculating available insurance benefits for a service provided to the at least one individual service recipient (see column 4, lines 53-68);	No. Cummings does not provide a billing module for calculating billing information for a service provided to the at least one individual service recipient; Johnson does, managing the functions in modules 108, 110, 112 and 148 using databases 122, 102, 104, and 114 and shared platform services 178, 180, 182, 184, 186, 188, 190 and 192. In column 4 lines 53-68 Cummings states "For situations in which an insurance company is involved, relevant insurance company information and benefits as represented by Insurance Company File 18. Examples of pertinent information in such File 18 include the identification of covered illnesses and procedures, limits on insurance company payments for various illnesses and procedures, treatments and procedures for which utilization review is required, and treatments and procedures for which second opinions are necessary. Since the system hereof contemplates compatibility with conventional insurance provisions that include patient deductibles, co-insurance by patient or another company and various other considerations that require selected individualized historical and other data to be recorded for each participant, system memory either includes or has access to files for each person as denoted by the Insured File 19." Data must be entered in storage or connections must be made to existing databases while local storage and processes must be defined within the system for access to data to be possible. Cummings does not understand this, as he summarizes the requirements as "system memory." There is no RAM capability that could maintain such data and there is no means defined within Cummings invention to obtain the data necessary. His claim is only in his words and there is no design to support it.
[additi on		[Examiner comments the same as item 6 of 6/23/03 except for change in text noted in	No. Cummings does not provide a payment module for electronically transferring funds to pay a bill for services provided to the individual

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noted]	brackets.]	a payment module for electronically transferring funds to pay a bill for services provided to the at least one individual service recipient[, said payment module including at least one database managing process for billing and payment] (see column 3, lines 22-26 [, clearly the payment feature must be linked to billing so that appropriate payment can be provided]);	service recipient; Johnson does, managing the functions in modules 108, 110, 112 and 148 using databases 122, 102, 104, and 114 and shared platform services 178, 180, 182, 184, 186, 188, 190 and 192. Cummings states "banks or other repositories of funds are integrated into the system so as to provide automated transfer of funds to accounts of physicians and other health care providers." Cummings not only includes no definition of the process or of a design, but this is not even the method by which payments for medical services are made. Banks do not authorize payments, they provide funds transfer capabilities only and account parameters must be known and configured once authorization is secured. Cummings has no knowledge of this. [As the examiner notes, a payment feature must be linked to billing so that appropriate payment can be provided, yet Cummings does not identify this need nor does he describe it or design it. Johnson does.]
		[Examiner comments the same as item 6 of 6/23/03 except for change in text noted in brackets.]	No. Cummings does not teach an authorization module for authorizing service recipient treatment; Johnson does. Johnson's design manages the features through modules 134, 108, 110, 144 and 142 with associated databases 102, 122, 104, 114, 162 and 146 as well as the shared services of 178, 180, 182, 184, 186, 188, 190 and 192.
[additi on noted]		an authorization module for authorizing service recipient treatment[, said authorization module including at least one shared platform service and at least one database managing process for authorization] (see column 11, lines 37-43);	Cummings states "The System interrogates the Insurance Company (or other payor) files, e.g. file 18 in Fig. 1, and verifies that the ICD9 codes either meet or do not meet applicable criteria. This is noted by rectangle 128. In so doing, the expense associated with the incident is considered as a claim and is reviewed by rectangle 129 'Verify Claim for Proper Treatment and Charges.'" There is no design either for the "Insurance Company File" or for the process that would be required to enable this function. Cummings only provides the two boxes of text in figure 6, with no definition on how this would occur. It is inoperable as well as irrelevant to Johnson's functionality. [There is no platform service in Cummings nor any database defined for use.]
	[Examiner comments exactly the same as		use.]

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item 6 of 6/23/03.		a messaging module for providing messaging services to a component of said system (see column 4, lines 22-29);	No. Cummings does not teach a messaging module for providing messaging services to a component of said system; Johnson does. Johnson defines a communications/ file transfer 192 shared platform service that is used for communications between all system participants of the health care value chain for all communication features of the system. The elements employing this particular shared platform service includes: 106, 100, 116, 108, 110, 112, 120, 124, 126, 130, 132, 134, 140, 148, 142, 144, 160, 166, 164, 170, 172, 174, and 176. This is the messaging module used for her invention. It is not the same as the offhand reference to electronic mail made by Cummings but not even designed into his patent. Cummings states "The inclusion of an electronic mail function is optional and is identified by symbol 15. As will be observed, Electronic Mail 15 is linked to Processing System 10 via link 15a. Although provision of the electronic mail is not an essential part of the invention hereof, its inclusion further increases the versatility of the system and may render it more useful in some applications." There is no design or functionality associated with either Cummings Fig 1 or even in the text. It's just a non-functional box added to his drawing with no defined use. It is not part of his system and, as shown, is inoperable.
[Examiner comments exactly the same as item 6 of 6/23/03.]		Wherein said at least one service recipient's health care data records are stored on said central host computer and said provider terminal (see column 4, lines 30-39);	No. Cummings does not teach at least one service recipient's health care data records stored on a central host computer and provider terminal; Johnson does through the database environment consisting of databases 122, 102, 104, 114, 146 and 162. In column 4, lines 30-39 Cummings states "Many processing systems contain substantial memory storage capacity, and the system hereof advantageously employs such memory storage capacity to record a number of important bodies of data and other information. Some of such data and information are represented by the cylinders in Fig. 1. These may either be a part of the memory of the processing system 10 or may be in other data banks that are accessible to the processing system 10." Again, no design and no functionality, as well as a total lack of knowledge about how data is defined, stored, accessed and managed. In addition, there is not even a file for service recipient's health care data records.

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			The bottom line is that Cummings does not include service recipient health care data records at all.
		[Examiner comments exactly the same as item 6 of 6/23/03.]	Hardware and the telecommunications infrastructure are the environment in which systems operate and are readily available and necessary to all information systems worldwide.
		Wherein said central host computer and said provider terminal are electronically linked as a network, to permit information distribution to various locations on said network (see Figure 1);	
		[Examiner comments exactly the same as item 6 of 6/23/03.]	The global communications network, the Internet, or a local area network is part of the telecommunications environment in which all systems will operate. It is a standard network environment.
		Wherein said system is implemented using any of a global communications network, the Internet, or a local area network (see Figure 1);	
		[Examiner comments exactly the same as item 6 of 6/23/03.]	No, Cummings does not define a medical insurer module, a health plan sponsor module, an individual service recipient module, a health care service provider module, a health care research module and a service support module; Johnson does in Figures 4, 5, 6, 7, 8, and 9. Cummings does not even use this terminology for participants in the health care value chain, nor does he recognize the value chain participants.
		Wherein said provider terminal includes: a medical insurer module; a health plan sponsor module; and individual service recipient module; a health care service provider module; a health care research module; and a service support module (see column 7, lines 50-68);	Cummings column 7, lines 50-68 states: "In addition, although the files described within remote memory (e.g., memory within system 61), it is contemplated that at least a portion of such memory is resident physically at or in proximity to terminal(s) 11a-11c within the physician's office. Accordingly, the transaction file 63, procedures file 64 and library file 65 are shown as connected to the microprocessor 60 (rather than central processing system) for illustrative purposes only and not as requiring them to be physically resident at the physician's offices. Fig. 3 also illustrates another feature mentioned above, namely, the provision of an optional high resolution display 66 preferably located in the physician's office so as to permit on-line real time display and visual review of relevant data, test results and the like. Also included &re representations

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			66a-66c which are illustrative of various reports that may be printed out or otherwise prepared in hard copy form by printer 13." First, there is no such thing as "remote memory." Second, there is no detail on what any of these "files" are, how they are constructed or how they are used. Third, there is no design. Finally, this commentary does not cover the detailed design of the health care value chain participant modules defined by Johnson.
		[Examiner comments exactly the same as item 6 of 6/23/03.]

Wherein said medical insurer module includes functions for plan definition, open enrollment marketing features, automated authorization of benefits, automated referrals, and service payment accounting (see column 4, lines 53-52); | No, Cummings does not define a medical insurer module including functions for plan definition, open enrollment marketing features, automated authorization of benefits, automated referrals, and service payment accounting. Johnson does in modules 106, 100, 108, 110, 112 and 116 using databases 122, 102, 104 and 114 and employing the shared platform of services 178, 180, 182, 184, 186, 188, 190 and 192. In Medical Insurer/ Benefit Providers 52 in Figure 3, Johnson has defined her users which include: benefit managers; federal, state and private insurers; business health care coalitions; employers who self-insure or manage their own benefits packages; and annuity and retirement account management organizations.

Although the examiner notes an impossible line sequence, it is assumed that he is referring to column 4, lines 53-62. Cummings states "For situations in which an insurance company is involved, relevant insurance company information and benefits as represented by Insurance Company File 18. Examples of pertinent information in such File 18 include the identification of covered illnesses and procedures, limits on insurance company payments for various illnesses and procedures, treatments and procedures for which utilization review is required, and treatments and procedures for which second opinions are necessary." Again, as with the rest of Cummings, there is no design included on how any of this would work. His patent is from his wording only and even with his wording only does not include the functions or users defined by Johnson. |
| | | [Examiner comments exactly the same as item 6 of 6/23/03.]

Wherein said health plan sponsor module includes functions for open enrollment | No, Cummings does not define a health plan sponsor module including functions for open enrollment processes, benefit plan information maintenance, and coordination of distribution and activation or deactivation of individual information devices; Johnson does in modules 120, 124, and 126 using databases 122, 102, 104, 114 and 162 and |

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			employing the shared platform of services 178, 180, 182, 184, 186, 188, 190 and 192. In Health/ Benefit Plan Sponsors 54 in Figure 3, Johnson has defined her users which include: health and benefit plan management staff; and human resource department staff.
			Cummings column 9, lines 9-25 involves "the identification of the applicant and the authorization of the applicant to participate in the system as denoted by Is Patient Authorized rectangle 102 . . . If verification by the System reveals that the applicant is not authorized to participate, then an indication thereof is produced. This may take any of a variety of forms such as a visual or audible indication. Such an indication is represented by the rectangle 103 which contains the illustrative message Print "Sorry Not Authorized, Call 1-800-4Health." This has no bearing on Johnson's health plan sponsor module design. In addition, this message does not cover any type of functional system design – it's just a message, and is again indicative of the lack of any systems design in Cummings patent.
		processes, benefit plan information maintenance, and coordination of distribution and activation or deactivation of individuals (see column 9, lines 9-25);	
		[Examiner comments exactly the same as item 6 of 6/23/03.]	No, Cummings does not define a health care service provider module with functions for maintaining service recipient records, diagnosing and treating service recipient ailments, managing service payments, accounting services, and maintaining service provider records, including licensing information, staffing affiliations, organizational ownership information, tax identification information, curriculum vitae of licensed practitioners, as well as information regarding disciplinary actions; Johnson does in modules 140, 142, 144, 148 and 176 using databases 122, 102, 104, 114, 146 and 162 and employing the shared platform of services 178, 180, 182, 184, 186, 188, 190 and 192. Beyond that, Cummings uses only the term "physician" and does not recognize other health care service providers or their needs. In Medical Service Providers 58 in Figure 3, Johnson has defined her users which include: health care service providers; ambulance services; ambulatory surgery centers; donor banks including those for blood, tissue and organs; health maintenance organizations; home care agencies; hospices; hospitals; nursing homes; preferred provider organizations; physician offices; psychiatric facilities; public health
		Wherein said health care service provider module includes functions for maintaining service recipient records, diagnosing and treating service recipient ailments, managing service payments, accounting services, and maintaining service provider records, including licensing information, staffing affiliations, organizational ownership information, tax identification information, curriculum vitae of licensed practitioners, as well as information regarding disciplinary actions (see column 6, line 44- column 7, line 2);	

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		departments; substance abuse programs; dental service providers; pharmacies; testing facilities; and therapeutic care providers.	Cummings column 6, line 44 through column 7, line 2 covers "The Physician File 44 is provided to represent several classes of information and data that are useful in practicing the principles of the invention... If symptoms are entered into the system terminal (e.g. one of terminals 11a-11c), and an identification of the corresponding illness is requested from the Processing System 10, the physician's file is interrogated and the system prepares a list of the most likely medical condition corresponding to such symptoms, together with the generally approved and/or recommended treatment protocols." Again, there is no design defining how this would be accomplished. The only file Cummings mentions is the "physicians file" which is merely a flat note file, like any word processing file, that would be impossible to search for information or to maintain. Again, Cummings claim here is based only on these words.
		[Examiner comments exactly the same as item 6 of 6/23/03.] Wherein said health care research module includes functions for collecting data on said system for research and analysis of health care issues (see column 10, line 66 – column 11, line 10);	No, Cummings does not define any health care research module including functions for collecting data on said system for research and analysis of health care issues; Johnson does in modules 160, 166, 164 using databases 122, 102, 104, 114, 146 and 162 and employing the shared platform of services 178, 180, 182, 184, 186, 188, 190 and 192. In addition in Medical Research 60 in Figure 3 has defined users including: allied health professional schools and programs; medical schools; nursing schools; public health schools; accreditation organizations; institutional licensure agencies; professional licensure agencies; disease registries; federal, state and local government policy-makers; agencies investigating legal compliance; lawyers; health care researchers and clinical investigators; health care technology developers and manufacturers; health data organizations; health sciences journalists and editors; research centers; medicare peer review organizations; quality assurance companies; risk management companies; utilization review and management companies; and service providers and service recipients. Cummings states "After receiving the results of tests and/or other

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			supporting services, the results are entered into the System. This may be performed either by manual keyboard entry or semi-automatically through the communication of appropriate information into the System electronically." This is denoted by rectangle 126 "Input Test Results and Update Record." After the records have been updated to reflect any test results that maybe applicable, provision is made for the attending physician or authorized support staff member to review the diagnosis or proposed treatment protocols and either amend or confirm his proposed course of treatment." Where will the results be entered? There is no file that could be used for this purpose other than the open text file called "Physician File" 44, and that would have no means of accessing data as it is not a database. In addition, this passage of Cummings discusses looking at test results (albeit with no means for doing so) and not for the large scale research and analysis functions defined by Johnson. Cummings is inoperable, as well as irrelevant to health care research.
	[Examiner comments exactly the same as item 6 of 6/23/03.]		No, Cummings does not define any service support module including functions for service parameter maintenance, product support, customer requests, and system maintenance; Johnson does in modules 170, 172, 174, 176, the shared services of 178, 180, 182, 184, 186, 188, 190, 192 and the electronic output archive 194 as well as the database structures of 146, 122, 102, 104, 114 and 162, all of which are designed to enable the system to reliably maintain database, security, account, applications and communications capabilities. Cummings does not even know these requirements for a system exist. In Service Support 62 in Figure 3, Johnson has defined her users which include: the agencies and staff for updating and maintaining the system including: service parameter maintenance; product support; customer requests; and system maintenance.
	Wherein the service support module includes functions for service parameter maintenance, product support, customer requests, and system maintenance (see column 14, lines 39-48);		In the reference made by the examiner, Cummings states "Fig 11 illustrates the aforementioned feature of Post Treatment matters." This refers to what should be termed "follow-up treatment plans." Cummings has simply noted boxes for "monitoring 231," "lifestyle 232," "medication 233," "weight control 234," and "other 235." This bears no relationship to Johnson's service support module functions.

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		[Examiner comments exactly the same as item 6 of 6/23/03.] Wherein said system provides access to Social Security, annuity, retirement account, and benefit information (see column 5, lines 11-18);	No, Cummings does not define any access to Social Security, annuity, retirement account, and benefit information; Johnson does. Johnson's design manages the features through modules 106, 100, 108, 112, 116, 120, 126, 130, 134, 160, 166 and 164 with associated databases 102, 122, 104, 114, and 162 as well as the shared platform services of 178, 180, 182, 184, 186, 188, 190 and 192. Cummings states "... an Employer File 21a which is indicative of those employee data which affect operation and implementation of the Wellness Health Management System. Examples are employee identification data such as employee identification numbers, length of service where such length of service affects participation in and coverage under the System, coverage for dependents, and similar items." As is evident, there is not a mention of any of the accounts defined by Johnson. It is irrelevant.
		[Examiner comments exactly the same as item 6 of 6/23/03.] Wherein said medical insurer module, said health plan sponsor module, said individual service recipient module, said health care service provider module, said health care research module, and said service support module include databases for storing information (see column 4, lines 30-39);	No, Cummings does not define databases to support these modules nor does he either define such modules or use these health care value chain participant terms; Johnson does. As noted in Johnson's Figures 4, 5, 6, 7, 8 and 9 all modules, all databases and the processing design are shown. Cummings states "Many processing systems contain substantial memory storage capacity, and the system hereof advantageously employs such memory storage capacity to record a number of important bodies of data and other information. Some of such data and information are represented by the cylinders in Fig. 1. These may either be a part of the memory of the processing system 10 or may be in other data banks that are accessible to the processing system 10." Again, no design and no functionality, no indication that Cummings has ever heard of a database, and it demonstrates a lack of knowledge about how data is defined, stored, accessed and managed.
		[Examiner comments exactly the same as item 6 of 6/23/03.] Wherein said information is linked and organized by at least one indexing key (see	No, Cummings does not define indexing keys for linking relational databases; Johnson does. Cummings doesn't even define databases nor does he apparently know that relational databases exist; therefore he certainly does not know that indexing keys are required. See comments above for the same Cummings reference.

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[8]7		column 4, lines 30-39, it is noted that indexing keys are utilized for linking relational databases).	
		[Examiner comments exactly the same as item 7 of 6/23/03.]	Pitroda states "It is an object of the present invention to provide a universal electronic transaction card ("UET card") which is capable of storing, transmitting and receiving personal and transactional information and thereby replacing plastic cards, which are presently used for the same purpose. In one form of the invention, the universal electronic transaction card of the present invention is a pocket sized device, which includes a microprocessor, random access memory, a display, and input means, and is capable of storing personal information such as the card owner's name, address, date of birth, signature and likeness, as well as the user's social security number." Pitroda's invention is a card to replace existing credit cards, etc with his single UET card. His art and descriptions all involve card features and hardware interfaces. He patented the card. Johnson is not patenting a card, but instead a process which employs any of a wide array of commercially available integrated circuit cards (ICC – also known as "smartcards") or other individual information devices.
		Cummings does not explicitly teach a portable individual information device for accessing said system, said device being any of an integrated circuit card, a magnetic storage card, or a portable integrated circuit or microchip based device. Pitroda teaches accessing said system, said device being any of an integrated circuit card, or a portable integrated circuit or microchip based device (see column 2, lines 44-55, in particular, the UET card is a portable integrated circuit or microchip based device).	The ICC card in Johnson's invention is no different that the computers on which Johnson's system would run or communications infrastructure which would be used to transmit data. It is all based on commercially available technology and is noted in the patent as the processing infrastructure for her system. In addition, Johnson's experience in defining a global smartcard standard for a major credit card association makes her familiar with both (1) the requirements needed to create a standard card and cardreader interface and the interconnection functions that must be defined to make a card interoperable, and (2) in the operating regulations of the major credit card associations worldwide. In both of these, Johnson has noted that Pitroda would be inoperable: his card and reader interface are not defined properly to make them workable or functional, and the operating regulations of all credit card associations would prohibit Pitroda's UET card use by any of them, as he forgoes their required service mark and operational security requirements. Pitroda's invention is inoperable as defined, and Johnson's invention uses

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		[Examiner comments exactly the same as item 7 of 6/23/03.] Pitroda further teaches that the portable individual information device stores health care data records for the individual (see column 5, lines 44-59). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate the portable individual information device of Pitroda into the centralized health management system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enhance healthcare efficiency and reduce overhead costs by providing personalized storing devices.	standard ICC technology available on the open market. Pitroda's invention is therefore irrelevant to Johnson's invention. Pitroda states "In one application of this invention, a health care management system in provided in which UET cards are used for inputting, storing, processing, and transmitting personal information, including personal medical history, account information, and transactional information. At least one central health care information processing system is provided, and it includes means for creating, assigning and storing patient and health care provider accounts; means for electronically communicating account information to a universal electronic transaction card; means for receiving and storing personal information for each authorized account number; means for communicating with a universal electronic transaction card to authorize account transactions, means for receiving and storing information relating to account transactions; and means for storing and communicating medical histories." Yes, that is possible using a chip based card (commonly known as a smartcard), however Pitroda's invention does not state that it is ICC based, leading one skilled in card based technology to wonder how he intends his card to work. In addition, Pitroda is simply stating that this is a possible use of his UET card. Smartcards which are available freely on the open market do have this capability – however none of them operate without an application designed specifically for this use. The application consists of functions at the card and card reader side and at the processing host. Johnson's invention is an application designed for health care; as stated earlier, she is not patenting a card and, as such, Pitroda is not applicable to her invention. Also, regarding the examiner's comment that "one of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enhance healthcare efficiency and reduce overhead costs," as this has not been done in the manner of Johnson's patent, it is not obvious. Johnson notes that lack of creativity has been a major factor in the continuing high costs of health care.
[9 – same		[Cummings does not explicitly teach said messaging module comprising a	In column 6, lines 9-28 Edelson states, "In this wider aspect the invention provides a professional product specification system for electronically

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as last para added to 16]		communications/file transfer shared platform service that is used for communications between all system participants for all communication features of the system. Edelson teaches such a communication feature (see column 6, lines 9-28). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of providing convenient wireless electronic messaging capabilities.]	creating a technical specification usable by a professional to specify technical products said product specification system comprising: a) electronic posting means to select and capture in said technical specification; i) a customer identifier; ii) a specified product; and b) an onscreen product selection procedure having a product benefit list specifying multiple possible customer benefits having a product list specifying multiple possible specifiable products and having product specification means to select and post a desired product to said specifications; wherein products in said product list are classified according to a customer benefit which said products can provide and said onscreen product selection procedure lists multiple products for providing each said customer benefit."
			This is not what Johnson's shared platform services is . . . Beginning on Page 55, line 6 Johnson states: "Service support processes support internal maintenance and product billing functions. Fig 9 is a flow diagram of the service support (see Fig. 3, element 62) according to the preferred embodiment of the invention. The diagram shows the underlying platform of central host shared processing applications, services and utilities which enable functional use of the central host(s) databases. This shared platform of services includes: database update processing 178, applications/management 180, database management 182, data dictionary 184, security management 186, account parameters 188, system activity file 190, communication/file transfer 192 and a central electronic output/archive 194.
			"System/ service management processed 170 provide system control over processing functionality and service management for system customers. The shared platform of services are used by all central host computing functions, perform automated processing, update and systems management support functions and are monitored by system maintenance personnel who have override capabilities via central maintenance control panels on their computers.
			Among the central host system management functions are full data backup and restore capabilities, for example, ensuring that data stored in

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			the medications/ procedures database 146 can be completely restored in the event of a system failure. In this case, a coded instruction set within applications/ management 180 would be initiated at a pre-determined time to use a backup utility program under it's central control to perform a backup operation to the electronic output/ archive 194. If a database failure were experienced, system maintenance personnel can use their central maintenance control panels on their computers to initiate a restore process on the medications/ procedures database. "In the preferred embodiment of the invention, files containing the adjusted values of social security, annuity, retirement account and benefit information are automatically updated. Again, software residing on the local computers of system maintenance personnel can be used to schedule files to be electronically appended to records in the target database. In this case, processing control would be done through database update processing 178 platform functions which would invoke database management 182 services and data dictionary 184 updates if changes to the format of the targeted databases were needed. "Records can be stored on the system indefinitely, or for a specific period of time as defined for each field within each database via retention parameters within the data dictionary. These data dictionary parameters can only be changed through the system maintenance instruction set. Such records can also be archived or purged, if desired, through the data management services which would transmit an archive copy of the database to the electronic output/archive or would invoke purge processing functions within the same shared platform service instruction set. "Security parameters defining access groups and identifying data availability for these groups for each data field (or value range within each field) in each system database are also under secure central host(s) control within the security management 186 platform services. System security staff access computer screens allowing them to define security instruction sets within the security management platform services. These instruction sets provide security access and capability levels for all

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			system users in all system processing activities.

"Customer Service features, provides the central setting of account parameters 188 in the central platform services to add new system accounts such as medical Insurer/ benefit providers, medical researchers and service providers for inclusion in the system, to define billing parties for the system services, any tiered pricing parameters and parent/ child account relationships for roll-up billing. In addition, central service control functions are provided via screen entries appended to central host(s) databases. These operate as a central file system override by adding an update record on the target central host(s) database.

"This update record is appended to the original record and both the original and the update are maintained to support full audit availability for all system records. In addition, a problem tracking system accessible to all system users can also be implemented under the applications/ management 180 set of shared platform services. The preferred embodiment of the invention provides full arbitration and dispute resolution support to all system users by allowing customer service central personnel to use software operable on their computers to scan documents into a database record to select electronic messages, embed them in an electronic folder via the communications/ file transfer 192 shared platform services and transmit them to any party with system access.

"In support of these dispute resolution capabilities, customer service central personnel have authorized system security access to update any file through appending an attached record to the record under dispute, as described above. In this way a full history on a record is maintained within the central host(s) databases, however a customer service central record can override an automated activity. An example would be a payment dispute, where a service payment was made but has been questioned. As a result of an investigation supporting payment reversal, the customer service central staff member could append a funds reversal record on the provider service history/ payment database which would be calculated during the central host(s) service payment accounting cycle as |

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			a negative amount during the payment processing cycle and deducted from the value of a future funds transmission between the parties.
			"Additionally, questions from any system customer regarding system billing can be supported through an on-line billing history archive within the electronic output/ archive 194 which allows a customer service central staff member to select the applicable subset of an electronic archived report (in central host administered central storage) created during central host processing cycles and, using software operable on their computer, to embed the contents into an electronic message to the requester, whether that requester is a service provider, a researcher, a medical insurer/ benefit provider, a health plan sponsor or a service recipient for transmission by the central host communication feature set within communications/ file transfer 192 shared platform services.
			"The electronic communication features within the messaging/ file transfer shared platform services of the invention is available to all central system maintenance, security and customer service staff members to expedite addressing inquiries, problem resolution, setting tiered rates, and making adjustments to rates or for any other customer or system related reason.
			Customer billing processes 172 provide integrated service billing for client organizations, such as insurers, sponsors, service providers and research users. As defined in the customer service support under the System/ Service Management functions described above, organizations can define the appropriate billing roll-up in accordance with their individual cost accounting process. These parameters are sued during the customer billing cycle. During the on-going use by the system users of the system features, as functions are performed counters for the function per account are incremented in the system activity file 190 shared platform services.
			"On billing processing dates (which can be defined in the Account parameter 188 shared platform facility, the central billing application reads the system activity file and the account parameter records for the billing period and produces an electronic invoice of costs per service

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			categories and total service charges per billing entity. These electronic invoices are transmitted electronically to the customer through the communication/ file transfer 192 shared platform service with a copy transmitted to the electronic output/ archive 194. If desired, the electronic transmission can accompany an electronic funds transfer from the customer to the system central processing facility, also performed through the Communication/ file transfer platform services.
			"The Update Medication/ Procedures 174 processes of the invention provide entry of and changes to standardized codes for all prognoses, treatments, medications and treatments. Designated organizations and agencies can securely add values to field categories within the data dictionary shared platform service and access the medications/ procedure database 146 to update medications and procedures information. The authorized agencies can review on-line, download, or print any of the information stored in the medications/ procedures database.
			"Using the software operable on the agency's computer, the user accesses the central host(s), provides required security responses and accesses and downloads the current data dictionary and records within the Medications/ procedures database. New information for any of the appropriate sources can be added, deleted or changed manually or through a file append feature within their computer software. Such updates can include the identification via new category codes, descriptions and codes identifying warning conditions or incompatibilities, for new diagnoses, procedures, pharmaceuticals, etc. and can add informational records supporting any of these.
			"Changes are accompanied by active dates, defaulting to current dates, which allow advance notification on developing procedures or for upcoming FDA approval. Batched update features and copy capabilities for current record information is available to simplify changes to records. When all changes have been completed, edited for format correctness and an on-line audit approved, software within the agency's computer accesses the central host(s) and performs the security procedure, then the updated file is downloaded to the central host(s) and questions

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			regarding implementation dates/ times, whether and to whom automated notifications are to be generated, and whether other approval communications are needed prior to submitting the change to the data dictionary or the medications/ procedures database. The change queue request is verified, the agency can disconnect from the central host(s) and the central host(s) performs the requested operations. "The update service provider information processes 176 are available to permit authorized organizations to create, update and delete information stored in the service provider database 104. This information includes records for licensed practitioners, records for licensed organizations, and organizational ownership information. Service provider records can also be updated to reflect continuing education classes attended by, and disciplinary action taken against a service provider. "Using the software operable on the agency's computer, the user accesses the central host(s), provides required security responses and accesses and downloads the appropriate current records within the service provider database. New licensing, continuing education, disciplinary action, organizational ownership or other information for those records to which the agency has security control can be added, deleted or changed manually or through a file append feature within their computer software. "Changes are accompanied by active dates, defaulting to current dates, which allow advance notification on organizational ownership petitions, for example. Batched update features and copy capabilities for current record information is available to simplify changes to records. When all changes have been completed, edited for format correctness and an on-line audit approved, software within the agency's computer accesses the central host(s) and performs the security procedure, then the updated file is downloaded to the central host(s) and questions regarding implementation dates/ times, whether and to whom automated notifications are to be generated, and whether other approval communications are needed prior to submitting the change to the service provider database. The change queue request is verified, the agency can

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			disconnect from the central host(s) and the central host(s) performs the requested operations."
			AS NOTED ABOVE, EDELSON DOES NOT IN ANY WAY INCLUDE JOHNSON'S SHARED PLATFORM SERVICES.
[10 – same as his new 17]		[Cummings does not explicitly teach said at least one service recipient's health care data records comprise a structured database of health care records constructed at points of service, an updateable problem list, and care plans, wherein local records are linked to remotely stored records. Edelson teaches such a data record feature (see column 4, lines 43-65 and column 5, lines 40-65). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of providing more detailed patient records and, as such, provide better patient care.]	In column 4, lines 43-65 Edelson states, "By associating a patient condition or problem with each drug prescribed, a treatment objective is both expressed and recorded, and the physician's intent is captured. The invention provides a user-friendly; prescription management system, which requires minimal data entry enabling many prescriptions to be created with an overall efficiency unobtainable by known automated systems, and which can helpfully supplement the skills of the best of practitioners.

Pursuant to one preferred embodiment of the invention, the drugs in the drug list are classified according to a patient condition for which the drugs are effective and the onscreen drug selection procedure lists multiple drugs for treating each patient problem. In an alternative embodiment, the user makes a drug selection by generic or brand name or some other drug identifier, and the system supplies, suggests or requires, entry of an appropriate treatment condition or conditions for which the selected drug is prescribed.

The invention also provides a user-adaptive prescription management system for electronic prescription creation by a prescriber at a point of patient care, said prescription being usable by a pharmacist to dispense drugs, said prescription management system comprising:"

In column 5, lines 40-65 Edelson states, "Preferably the system includes a comprehensive database of approved drugs classified by conditions for which they are known to have therapeutic effect and this database need not be maintained in the users station but should be accessible in real time to the user. Many valuable professional benefits are obtained by delivering a selective listing of drugs by condition to a physician. For example in treating a particular chronic condition such as gastro-intestinal disease, a physician may find that common medicaments such as |

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			antacids are ineffective, that a particular brand name drug such as TAGAMET (trademark) has, with prolonged use, undesired side effects so that the physician may at this point be interested in gaining information about alternative drugs with which they are less familiar. If the physician does not have the information at their finger tips, this could be a time consuming process in their office reviewing files and other archival information systems they have. Alternatively on-line electronic services may be used but this can also be a time consuming process. By offering a comprehensive selection of drugs known to be effective for a particular condition, this problem is easily solved for the physician. The preferred embodiments include back-up prescribing information on each drug, along with details of literature references supporting its manufacturer's therapeutic claims or with means enabling the physician promptly to obtain such references." **The care records of Johnson are the patient/ service recipient health information. Johnson's invention is not covered by the Edelson service as noted above.** On page 14, line 23 Johnson states: "In the preferred embodiment, the service recipient record data is chronologically indexed to create a continuous history of the service recipient's health care. "The contents of a service recipient's record can include, for example: (1) uniform core data elements; (2) standardized coding systems and formulas; (3) common data dictionary; and (4) information on outcomes of care and functional status. "The core data elements are a set of information fields defined in accordance with federal and international standard setting organizations. These include standard codes for diagnoses, procedures, medications and other elements of health care, standard identifier information for service providers and insurers, and standard data formats for maintaining and transmitting record information. All data elements and their coded values and textual descriptions are maintained in a common data dictionary, which is one of a shared set of platform services used by all system components during processing. (See, for example, Fig. 9).

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			"Records for each service recipient served by the system are stored in a Subscriber/ Medical history database. All personal and health care records are included in this centralized database. These records include standard codes for all plans/ benefits for which the service recipient is a participant. These codes are used to link to a Plan/ Benefit database to access detailed records of a service recipient's coverage. "The service provider standard codes, defined under the Plan/ Benefit database record, are used to link to detailed information maintained in a service provider database. In this way, standardized codes are used to access records throughout the system. These records within the service recipient's Subscriber/ medical history record are preferable stored in chronological order. These records can contain multiple fields relating to the episode, care, outcome of care, and functional status. The personal information device of the service recipient can hold either a selected subset of the full service recipient record or the full record. In the preferred embodiment of the invention, the available storage parameters are used by the system to define a critical subset of the service recipient record to be stored on the card. "In the preferred embodiment of the invention, a standardized, patient-oriented healthcare record with display of service recipient identification and emergency information followed by sequential episodes of care is used as a default format for service provider and service recipient access. This default format can be displayed as a screen display or a graphical user interface (GUI). A customized screen display can also be provided to meet the specific needs of a system user. This GUI can present the standardized health care record for the service recipient as it is downloaded from the individual information device or from the total record stored in the Subscriber/ Medical history database. This standardized health care record can include: (1) A structured, systematically collected database of service recipient health care records constructed at the point of service and collected during the service process; (2) An easily reviewed and updated problem list using standard diagnostic codes. Definitions can be updated and new diagnostic, procedural and

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			medication codes created and stored in the central records; (3) Records of clinical formulations and plans for care and follow-up can be stored in the central host databases for use, for example, by all research organizations and agencies in assessing care components. "In addition, intelligence built into the system includes decision support, clinician reminders, and customizable 'alarm' systems as explained below, in detail, in AI Medications/ procedures." EDELSON DOES NOT HAVE A CARE RECORD. JOHNSON DOES.
[11 – same as his new 18].		[Cummings does not explicitly teach said system further comprising a data dictionary for ensuring standardization of all system database elements. Edelson teaches such a database feature (see column 48, lines 10-14). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enabling efficient communication between the various entities of Cummings.]	In column 48, lines 10-14 Edelson states, "Data warehouses 212 can also provide search and retrieval facilities and, in particular, provide protocol interchange and reformatting capabilities to reformat or otherwise standardize data and communications across network 214, for any application to use." A data warehouse is only a storage location for data; it has no capabilities as claimed by Edelson. There is no mention in Edelson of the creation or usage of a data dictionary. A data dictionary contains the exact meaning, format, source and construction of all data elements within all data repositories (as specifically defined by Johnson in 102, 104, 114, 122, 146 and 162) and their relationships. This is not the same.
[12]8	2	[Examiner comments exactly the same as item 8 of 6/23/03.] As per claim 2, Cummings in view of Pitroda teach the system of claim 1 as described above. Cummings further teaches that open standards are used for hardware, software and firmware components of said system (see Figure 1 and column 4, lines 4-62).	Johnson's Claim 2 states "The system of Claim 1, wherein open standards are used for hardware, software, and firmware components of said system." There is nothing in Cummings Fig. 1 or anywhere in column 4, lines 4-6, nor ever anywhere in Cummings patent that even uses term "open standards" at all, much less for hardware, software or firmware components. Cummings does not understand systems and likely has never heard of the term. Open standards are defined in Johnson's invention, as Johnson is a system designer by profession and

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[13]9	3	[Examiner comments exactly the same as item 9 of 6/23/03.] As per claim 3, Cummings in view of Pitroda teach the system of claim 1 as described above. Cummings further teaches the health care research module converts said health care data on said system into one common format for use by said central host computer (see column 10, line 66 – column 11, line 10, it is assumed that test results would need to converted to a common format for use throughout the system).	understands what is needed to create and maintain a system. Cummings is irrelevant. No, Cummings does not define any health care research functions, nor does he ever discuss data formats at all; Johnson does in modules 160, 166, 164 and the files and processing supporting it. Johnson's claim 3 converts said health care data on said system into one common format for use by said central host computer." Cummings column 10, line 66—column 11, line 10 states "After receiving the results of tests and/or other supporting services, the results are entered into the System. This may be performed either by manual keyboard entry or semi-automatically through the communication of appropriate information into the System electronically. This is denoted by rectangle 126 "Input Test Results and Update Record." After the records have been updated to reflect any test results that maybe applicable, provision is made for the attending physician or authorized support staff member to review the diagnosis or proposed treatment protocols and either amend or confirm his proposed course of treatment." First, as stated above, Cummings has no data defined nor has he any files defined for service recipient data. There is no file that could be used for this purpose other than the open text file called "Physician File" 44, and that would have no means of accessing data as it is not a database. Second, this passage of Cummings discusses looking at test results (albeit with no means for doing so) and not for the large scale research and analysis functions defined by Johnson. Cummings has no data, no defined files, no health care research capabilities, and therefore has never even considered data formats and conversions. Third, the examiner is mistaken that this has anything to do with the functionality of Johnson's claim 3. Finally, Cummings is inoperable, as well as irrelevant to health care research.
[14]10	31,32, 34	[Examiner comments exactly the same as item 10 of 6/23/03.]	Johnson's claim 31 states "A method for collecting, conforming and consolidating information in an integrated health care system implemented using any of a global communications network, the Internet or a local area network, the method comprising steps of: maintaining,
		Claims 31,32, and 34 contains substantially	

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		similar method limitations to system limitations recited in claims 1-3 and, as such, is rejected for similar reasons given above.	consolidating, and distributing information generated by a component of said system with at least one central host computer; providing at least one provider terminal in communication with the central host computer; wherein said provider terminal is one of a portable computer, personal information device, personal digital assistant, personal computer, or server computer; wherein the provider terminal is operable to communicate with the entire system or any portion of the system, or is operable independently from the system; providing at least one portable individual information device for accessing the system, wherein the portable individual information device stores an individual service recipient's insurance information, emergency records, and health care history; linking a card reader to the provider terminal, for accessing information stored on the portable individual information device, and for transmitting information among the portable individual information device and the components of the system; providing messaging services to a component of the system; wherein the service recipient's health care data records are stored on any of the central host computer, the provider terminal, or the portable individual information device; wherein the central host computer, the provider terminal, and the portable individual information device are electronically linked as a network, to permit information distribution to various locations on said network; wherein open standards are used for hardware, software and firmware components of said system."
			Johnson's claim 32 states "The method of Claim 31, further comprising steps of: converting information in the system into a common format for processing by the central host computer; analyzing the information in the system; creating resulting analytical data; converting the resulting analytical data into a format readable by a component of the system; and distributing the resulting analytical data to a component of the system."
			Johnson's claim 34 states "The method of claim 31 further comprising steps of: analyzing information collected by a component of the system; transmitting resulting analytical data to the central host computer; converting the resulting analytical data into a common format; storing the common format analytical data on the central host computer; converting

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			the common format analytical data into a format usable by any component of the system; and distributing the converted analytical data to any component of the system."
[15]11	22	[Examiner comments exactly the same as item 11 of 6/23/03.] As per claim 22, Cummings teaches an integrated healthcare system, implemented using any of a global communications network, the Internet or a local area network, the system comprising: at least one central host computer for maintaining, consolidating, and distributing information generated by any component of said system (see column 4, lines 4-21, in particular Figure 1, element 10);	Refer to all "Response to Examiner Comment" above (as they cover Johnson's claims 1-3 as stated by the examiner and also, as stated by the examiner, he is referring to the same comments against Johnson's claims 31, 32 and 34). No, Cummings does not teach an integrated healthcare system, implemented using any of a global communications network, the Internet or a local area network, the system comprising: at least one central host computer for maintaining, consolidating, and distributing information generated by any component of said system; Johnson does. Johnson Claim 22 states: "An integrated health care system, implemented using any of a global communications network the Internet or a local area network, the system comprising: at least one central host computer for collecting, conforming, maintaining, consolidating, and distributing information generated by any component of said system; at least one provider terminal in communication with said central host computer; wherein said provider terminal is one of a portable computer, personal information device, personal digital assistant, personal computer, or server computer; and, wherein said provider terminal is operable to communicate with said entire system or any portion of said system, or is operable independently from said system; at least one portable individual information device for accessing said system, wherein said portable individual information device stores an individual service recipient's insurance information, emergency records, and healthcare history; a card reader, linked to said provider terminal, for accessing information stored on said portable individual information device, and for transmitting information among said portable individual information device and said components of said system; a messaging module for providing messaging services to said components of said system; wherein said service recipient's health care data records are stored on said central host computer, said provider terminal, or said portable individual information device; wherein said central host computer, said provider

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			terminal, and said portable individual information device are electronically linked as a network, to permit information distribution to various locations on said network; wherein open standards are used for hardware, software and firmware components of said system; wherein said provider terminal includes: a medical insurer module including functions for plan definition, open enrollment marketing features, automated authorization of benefits, automated referrals, and service payment accounting (note: see figure 4 and modules 100, 106, 108, 110, and 112); a health plan sponsor module including functions for open enrollment processes, maintenance of benefit plan information, and coordination, distribution, and deactivation of said portable individual information devices (note: see figure 5 and modules 120, 124 and 126); a health care service provider module including functions for maintaining service recipient records, diagnosing and treating service recipient ailments, service payment management, and accounting services (note: see figure 7 and modules 140, 142, 144, and 148); a health care research module including functions for the collection of data on said system for research and analysis of health care issues (note: see figure 8 and modules 160, 166 and 164); and a service support module including functions for service parameter maintenance, product support, customer requests, and system maintenance (note: see figure 9 and modules 170, 172, 174 and 176, all managing the shared platform services 178,180, 182, 184, 186, 188, 190 and 192, which are needed by someone "extraordinarily skilled in the art" to maintain the entire service and the core databases 146, 122, 102, 104, 114, 162 and 194 or no service at all would be possible).
	[Examiner comments exactly the same as item 11 of 6/23/03.]		Cummings column 4, lines 4-21 defines that the system is composed of a processing system linked to a terminal, printer and monitor with a CRT screen. Figure 1, element 10 is a box labeled "Processing System." Every system will include hardware or it wouldn't be a computer system.
	At least one provider terminal in communication with said central host computer (see column 4, lines 4-21, in		Cummings does not use the term "provider terminal;" Johnson does. Same as above. Element 11 (physician office terminals), element 24 (insurance companies), element 27 (banks/financial institutions) and element 28 (employer) only show terminals in each location. Again, every system will include hardware or it wouldn't be a computer system.

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		particular, Figure 1, elements 11, 24, 27, and 28);	No, Cummings does not teach "provider terminal" as "one of a portable computer, personal information device, personal digital assistant, personal computer, or server computer"; Johnson does.
	Wherein said provider terminal is one of a portable computer, personal information device, personal digital assistant, personal computer, or server computer (see column 7, lines 17-25);	[Examiner comments exactly the same as item 11 of 6/23/03.]	Cummings states "The terminal of Fig. 2 includes a main housing 50 having a visual display window 51, a card data entry slot 52 having an elongated portion 53 and an enlarged portion 54, conventional manual data entry keyboard 55 and 10-key numeric calculator 56. It also includes conventional telephone handset cradle 57 and telephone handset 58. As will be evident from reference to Fig. 2, the terminal is operative in accordance with techniques well known in the data processing arts." This is a telephone with a display, it is not a portable computer, personal digital assistant, personal computer, or server computer. Cummings does not include the other hardware and firmware components (i.e. portable individual information device, personal information device, personal digital assistant, integrated circuit card, magnetic storage card, portable integrated circuit or microchip-based device, server computer, etc.) that Johnson does. It is not applicable.
	Wherein said provider terminal is operable to communicate with said entire system or any portion of said system, or is operable independently from said system (see column 4, lines 4-14);	[Examiner comments exactly the same as item 11 of 6/23/03.]	Cummings states "Now turning to the drawing, and more particularly Fig 1 thereof, it will be observed that it depicts the principal components of a preferred system in accordance with the principles of the invention. Depicted there are processing system 10 which is interconnected with one or more physician office terminals 11a-11c by conventional communication paths 12. Terminals 11a-11c may be any of a variety of conventional data input terminals (e.g., such as that shown in Fig 2 and described below) that provide for pre-recorded card and/or manual data entry input." As noted above, the hardware is a necessary environment for any system. It is the software design and process Johnson is patenting; her patent uses standard components available on the open market.
	A messaging module for providing messaging	[Examiner comments exactly the same as item 11 of 6/23/03.]	Johnson defines a communications/ file transfer 192 shared platform service that is used for communications between all system participants of the health care value chain for all communication features of the system. The elements employing this particular shared platform service

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		services to a component of said system (see column 4, lines 22-29);	includes: 106, 100, 116, 108, 110, 112, 120, 124, 126, 130, 132, 134, 140, 148, 142, 144, 160, 166, 164, 170, 172, 174, and 176. This is the messaging module used for her invention.
			Cummings does not define or design the integration of a messaging module. Cummings only comments, as correctly noted by the examiner, are "The inclusion of an electronic mail function is optional and is identified by symbol 15. As will be observed, Electronic Mail 15 is linked to Processing System 10 via link 15a. Although provision of the electronic mail is not an essential part of the invention hereof, its inclusion further increases the versatility of the system and may render it more useful in some applications." There is no functionality defined for this and his term "electronic mail" is not providing the functionality designed by Johnson for the communications/ file transfer 192 shared platform service.
		[Examiner comments exactly the same as item 11 of 6/23/03.]	Databases must be used to enable records to be defined, stored, accessed and managed. Cummings does not define databases nor does he recognize the method by which storage is possible. Also he never uses the term "service recipient's health care data records"; Johnson does.
		Wherein said service recipient's health care data records are stored on said central host computer and said provider terminal (see column 4, lines 30-39);	Cummings states "Many processing systems contain substantial memory storage capacity, and the system hereof advantageously employs such memory storage capacity to record a number of important bodies of data and other information. Some of such data and information are represented by the cylinders in Fig. 1. These may either be a part of the memory of the processing system 10 or may be in other data banks that are accessible to the processing system 10." Again, no design and no functionality, no indication that Cummings has ever heard of a database, and it demonstrates a lack of knowledge about how data is defined, stored, accessed and managed.
		[Examiner comments exactly the same as item 11 of 6/23/03.]	Any computer must be linked to a network for it to interoperate with other computers. Johnson's patent is for a system that makes use of standard industry available hardware and communications technology.
		Wherein said central host computer and said provider terminal are electronically linked as a	

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		network, to permit information distribution to various locations on said network (see Figure 1);	Never once does Cummings use the term "open standards" at all, much less for hardware, software or firmware components. Cummings does not understand systems and likely has never heard of the term. Open standards are defined in Johnson's invention, as Johnson is a system designer by profession and understands what is needed to create and maintain a system.
		[Examiner comments exactly the same as item 11 of 6/23/03.]	
		Wherein open standards are used for hardware, software, and firmware components of said system (see Figure 1 and column 4, lines 4-62);	
		[Examiner comments exactly the same as item 11 of 6/23/03.]	No, Cummings does not define a medical insurer module including functions for plan definition, open enrollment marketing features, automated authorization of benefits, automated referrals, and service payment accounting; Johnson does in modules 106, 100, 116, 108, 110 and 112 and the files and processing supporting it. In Medical Insurer/ Benefit Providers 52 in Figure 3, Johnson has defined her users which include: benefit managers; federal, state and private insurers; business health care coalitions; employers who self-insure or manage their own benefits packages; and annuity and retirement account management organizations.
		Wherein said provider terminal includes: a medical insurer module including functions for plan definition, open enrollment marketing features, automated authorization of benefits, automated referrals, and service payment accounting (see column 4, lines 53-52);	Although the examiner notes an impossible line sequence, it is assumed that he is referring to column 4, lines 53-62. Cummings states "For situations in which an insurance company is involved, relevant insurance company information and benefits are represented by Insurance Company File 18. Examples of pertinent information in such File 18 include the identification of covered illnesses and procedures, limits on insurance company payments for various illnesses and procedures, treatments and procedures for which utilization review is required, and treatments and procedures for which second opinions are necessary." Again, as with the rest of Cummings, there is no design included on how any of this would work. His patent is from his wording only and does not cover the features of Johnson's design.
		[Examiner comments exactly the same as item 11 of 6/23/03.]	No, Cummings does not define a health plan sponsor module including functions for open enrollment processes, benefit plan information maintenance and coordination of distribution and activation or

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		A health plan sponsor module including functions for open enrollment processes, benefit plan information maintenance, and coordination of distribution and activation or deactivation of individuals (see column 9, lines 9-25);	deactivation of individuals; Johnson does in modules 120, 124, 126 and the files and processing supporting it. In Health/ Benefit Plan Sponsors 54 in Figure 3, Johnson has defined her users which include: health and benefit plan management staff; and human resource department staff. Cummings column 9, lines 9-25 involves "the identification of the applicant and the authorization of the applicant to participate in the system as denoted by Is Patient Authorized rectangle 102 . . . If verification by the System reveals that the applicant is not authorized to participate, then an indication thereof is produced. This may take any of a variety of forms such as a visual or audible indication. Such an indication is represented by the rectangle 103 which contains the illustrative message Print "Sorry Not Authorized, Call 1-800-4Health." This has no bearing on Johnson's health plan sponsor module design. In addition, this message does not cover any type of functional system design – It's just a message, and is again indicative of the lack of any systems design in Cummings patent.
		[Examiner comments exactly the same as item 11 of 6/23/03.]	No. Cummings does not define a health care service provider module including functions for maintaining service recipient records, diagnosing and treating service recipient ailments, managing service payments, accounting services; Johnson does in modules 140, 148, 142, 144 and the files and processing supporting it. Beyond that, Cummings uses only the term "physician" and does not recognize other health care service providers or their needs. In Medical Service Providers 58 in Figure 3, Johnson has defined her users which include: alliances, associations, networks and systems of providers; ambulance services; ambulatory surgery centers; donor banks including those for blood, tissue and organs; health maintenance organizations; home care agencies; hospices; hospitals; nursing homes; preferred provider organizations; physician offices; psychiatric facilities; public health departments; substance abuse programs; dental service providers; pharmacies; testing facilities; and therapeutic care providers.
		A health care service provider module including functions for maintaining service recipient records, diagnosing and treating service recipient ailments, managing service payments, accounting services (see column 6, line 44 – column 7, line 2);	Cummings column 6, line 44 through column 7, line 2 covers "The Physician File 44 is provided to represent several classes of information

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			and data that are useful in practicing the principles of the invention. . . . If symptoms are entered into the system terminal (e.g. one of terminals 11a-11c), and an identification of the corresponding illness is requested from the Processing System 10, the physician's file is interrogated and the system prepares a list of the most likely medical condition corresponding to such symptoms, together with the generally approved and/or recommended treatment protocols." There is no design defining how this would be accomplished. Cummings claim here is based only on these words and has no bearing on Johnson's health care service provider module design.
	[Examiner comments exactly the same as item 11 of 6/23/03.] A health care research module including functions for collecting data on said system for research and analysis of health care issues (see column 10, line 66 – column 11, line 10);		No, Cummings does not define any health care research module including functions for collecting data on said system for research and analysis of health care issues; Johnson does in modules 160, 166, 164 and the files and processing supporting it. In addition in Medical Research 60 in Figure 3 has defined users including: allied health professional schools and programs; medical schools; nursing schools; public health schools; accreditation organizations; institutional licensure agencies; professional licensure agencies; disease registries; federal, state and local government policy-makers; agencies investigating legal compliance; lawyers; health care researchers and clinical investigators; health care technology developers and manufacturers; health data organizations; health sciences journalists and editors; research centers; medicare peer review organizations; quality assurance companies; risk management companies; utilization review and management companies; and service providers and service recipients.
			Cummings states "After receiving the results of tests and/or other supporting services, the results are entered into the System. This may be performed either by manual keyboard entry or semi-automatically through the communication of appropriate information into the System electronically. This is denoted by rectangle 126 "Input Test Results and Update Record." After the records have been updated to reflect any test results that maybe applicable, provision is made for the attending physician or authorized support staff member to review the diagnosis or proposed treatment protocols and either amend or confirm his proposed

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		course of treatment."	As stated above, Cummings has no data defined nor has he any files defined for service recipient data. There is no file that could be used for this purpose other than the open text file called "Physician File" 44, and that would have no means of accessing data as it is not a database. In addition, this passage of Cummings discusses looking at test results and analysis functions defined by Johnson. Cummings has no data, no (albeit with no means for doing so) and not for the large scale research defined files, no health care research capabilities, and therefore has never even considered data formats and conversions. Cummings is inoperable, as well as irrelevant to health care research.
		[Examiner comments exactly the same as item 11 of 6/23/03.] And a service support module includes functions for service parameter maintenance, product support, customer requests, and system maintenance (see column 14, lines 39-48).	No, Cummings does not define any service support module including functions for service parameter maintenance, product support, customer requests and system maintenance; Johnson does in modules 170, 172, 174, 176, the shared services of 178, 180, 182, 184, 186, 188, 190, 192 and the electronic output archive 194 as well as the database structures of 146, 122, 102, 104, 114 and 162, all of which are designed to enable the system to reliably maintain database, security, account, applications and communications capabilities. Cummings does not even know these requirements for a system exist. In the reference made by the examiner, Cummings states "Fig 11 illustrates the aforementioned feature of Post Treatment matters." This refers to what should be termed "follow-up treatment plans." Cummings has simply noted boxes for "monitoring 231," "lifestyle 232," "medication 233," "weight control 234," and "other 235." This bears no relationship whatever to Johnson's service support module functions.
[16]12		[Examiner comments exactly the same as item 12 of 6/23/03.] Cummings does not explicitly teach a portable individual information device or a card reader for accessing said system and transmitting information to the device, said device being any of an integrated circuit card, a magnetic	Pitroda states "It is an object of the present invention to provide a universal electronic transaction card ("UET card") which is capable of storing, transmitting and receiving personal and transactional information and thereby replacing plastic cards, which are presently used for the same purpose. In one form of the invention, the universal electronic transaction card of the present invention is a pocket sized device, which includes a microprocessor, random access memory, a display, and input means, and is capable of storing personal information such as the card

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		storage card, or a portable integrated circuit or microchip based device. Pitroda teaches portable individual information device for accessing said system, said device being any of an integrated circuit card, a magnetic storage card, or a portable integrated circuit or microchip based device (see column 2, lines 44-55, in particular, the UET card is a portable integrated circuit or microchip based device).	owner's name, address, date of birth, signature and likeness, as well as the user's social security number." Pitroda's invention is a card to replace existing credit cards, etc with his single UET card. His art and descriptions all involve card features and hardware interfaces. He patented the card. Johnson is not patenting a card, but instead a process which employs any of a wide array of commercially available integrated circuit cards (ICC) also known as "smartcards."
			The ICC card in Johnson's invention is no different that the computers on which Johnson's system would run or communications infrastructure which would be used to transmit data. It is all based on commercially available technology and is the hardware and firmware environment only, not part of the patented software design. In addition, Johnson's experience in defining a global smartcard standard for a major credit card association makes her familiar with both (1) the requirements needed to create a standard card and cardreader interface and the interconnection functions that must be defined to make a card interoperable, and (2) in the operating regulations of the major credit card associations worldwide. In both of these, Johnson has noted that Pitroda would be inoperable: his card and reader interface are not defined properly to make them workable or functional, and the operating regulations of all credit card associations would prohibit Pitroda's UET card use by any of them, as it forgoes their required service mark and operational security requirements. Pitroda's invention is inoperable as defined, and Johnson's invention uses standard ICC technology available on the open market. Pitroda's invention is therefore irrelevant to Johnson's invention.
		[Examiner comments exactly the same as item 12 of 6/23/03.] Pitroda further teaches that the portable individual information device stores health care data records for the individual (see column 5, lines 44-59).	Pitroda states "In one application of this invention, a health care management system in provided in which UET cards are used for inputting, storing, processing, and transmitting personal information, including personal medical history, account information, and transactional information. At least one central health care information processing system is provided, and it includes means for creating, assigning and storing patient and health care provider accounts; means for electronically communicating account information to a universal electronic transaction card; means for receiving and storing personal information for each authorized account number; means for communicating with a

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			universal electronic transaction card to authorize account transactions, means for receiving and storing information relating to account transactions; and means for storing and communicating medical histories."
			Yes, that is possible using a chip based card (commonly known as a smartcard), however Pitroda's invention does not state that it is ICC based, leading one experienced in card technology to wonder how he intends his card to work. In addition, Pitroda is simply stating that this is a possible use of his UET card. Smartcards which are available freely on the open market do have this capability -- however none of them operate without an application designed specifically for this use. The application consists of functions at the card and card reader side and at the processing host. Johnson's invention is an application designed for health care; as stated earlier, she is not patenting a card technology but an application employing an individual information device and, as such, Pitroda is not applicable to her invention.
		[Examiner comments exactly the same as item 12 of 6/23/03.] Pitroda further teaches a card reader linked to said provider terminal, for accessing and transmitting information among said portable individual information device and any of said components of said system (see column 4, lines 35-41). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate the portable individual information device of Pitroda into the centralized health management system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enhance healthcare efficiency and reduce overhead costs by providing personalized storing devices.	In the examiner's noted section, Pitroda states "The present invention also provides for a universal electronic transactions card and communications system ("UET card and communications system") for storing, transmitting, and receiving the type of information discussed above for a plurality of service institutions. The system includes a plurality of UET cards adapted to fit in a pocket or a purse and a plurality of communications interface units ("CIU")." To be operable, cards and card readers must be based on a standardized transaction format that provides a standardized series of messages and codes between them and those transactions must be approved by ISO if they are to be used in the marketplace. Pitroda does not provide any detailed technical specifications required to make his invention operable. Johnson's experience in defining both the functional and technical specifications for a global smartcard standard for a consortium of major credit card associations makes her familiar with both (1) the requirements needed to create a standard card and cardreader interface and the transaction interconnection functions that must be defined to make a card transaction interoperable, and (2) in the operating regulations of the major credit card

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			associations worldwide. In both of these, Johnson has noted that Pitroda would be inoperable: his card and reader interface are not defined properly to make them workable or functional, and the operating regulations of all credit card associations would prohibit Pitroda's UET card use by any of them, as it forgoes their required service mark and operational security requirements. Pitroda's invention is inoperable as defined, and Johnson's invention uses standard ICC technology available on the open market. Pitroda's invention is therefore irrelevant to Johnson's invention.
			Also, regarding the examiner's comment that "one of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enhance healthcare efficiency and reduce overhead costs by providing personalized storing devices," as this has not been done in the manner of Johnson's patent, it is not obvious. Johnson notes that lack of creativity has been a major factor in the continuing lack of the availability of health care records and in the resulting high costs and inaccuracies of health care.
[16 – added para, same as new 9]		[Cummings does not explicitly teach said messaging module comprising a communications/file transfer shared platform service that is used for communications between all system participants for all communication features of the system. Edelson teaches such a communication feature (see column 6, lines 9-28). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of providing convenient wireless electronic messaging capabilities.]	In column 6, lines 9-28 Edelson states, "in this wider aspect the invention provides a professional product specification system for electronically creating a technical specification usable by a professional to specify technical products said product specification system comprising: a) electronic posting means to select and capture in said technical specification, i) a customer identifier; ii) a specified product; and b) an onscreen product selection procedure having a product benefit list specifying multiple possible customer benefits having a product list specifying multiple possible specifiable products and having product specification means to select and post a desired product to said specifications; wherein products in said product list are classified according to a customer benefit which said products can provide and said onscreen product selection procedure lists multiple products for providing each said customer benefit." **This is not what Johnson's shared platform services is** . . . Beginning on Page 55, line 6 Johnson states: "Service support processes support internal maintenance and product billing functions. Fig

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			9 is a flow diagram of the service support (see Fig. 3, element 62) according to the preferred embodiment of the invention. The diagram shows the underlying platform of central host shared processing applications, services and utilities which enable functional use of the central host(s) databases. This shared platform of services includes: database update processing 178, applications/management 180, database management 182, data dictionary 184, security management 186, account parameters 188, system activity file 190, communication/file transfer 192 and a central electronic output/archive 194.

"System/ service management processed 170 provide system control over processing functionality and service management for system customers. The shared platform of services are used by all central host computing functions, perform automated processing, update and systems management support functions and are monitored by system maintenance personnel who have override capabilities via central maintenance control panels on their computers.

Among the central host system management functions are full data backup and restore capabilities, for example, ensuring that data stored in the medications/ procedures database 146 can be completely restored in the event of a system failure. In this case, a coded instruction set within applications/ management 180 would be initiated at a pre-determined time to use a backup utility program under it's central control to perform a backup operation to the electronic output/ archive 194. If a database failure were experienced, system maintenance personnel can use their central maintenance control panels on their computers to initiate a restore process on the medications/ procedures database.

"In the preferred embodiment of the invention, files containing the adjusted values of social security, annuity, retirement account and benefit information are automatically updated. Again, software residing on the local computers of system maintenance personnel can be used to schedule files to be electronically appended to records in the target database. In this case, processing control would be done through database update processing 178 platform functions which would invoke |

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			database management 182 services and data dictionary 184 updates if changes to the format of the targeted databases were needed. "Records can be stored on the system indefinitely, or for a specific period of time as defined for each field within each database via retention parameters within the data dictionary. These data dictionary parameters can only be changed through the system maintenance instruction set. Such records can also be archived or purged, if desired, through the data management services which would transmit an archive copy of the database to the electronic output/archive or would invoke purge processing functions within the same shared platform service instruction set. "Security parameters defining access groups and identifying data availability for these groups for each data field (or value range within each field) in each system database are also under secure central host(s) control within the security management 186 platform services. System security staff access computer screens allowing them to define security instruction sets within the security management platform services. These instruction sets provide security access and capability levels for all system users in all system processing activities. "Customer Service features, provides the central setting of account parameters 188 in the central platform services to add new system accounts such as medical Insurer/ benefit providers, medical researchers and service providers for inclusion in the system, to define billing parties for the system services, any tiered pricing parameters and parent/ child account relationships for roll-up billing. In addition, central service control functions are provided via screen entries appended to central host(s) databases. These operate as a central file system override by adding an update record on the target central host(s) database. "This update record is appended to the original record and both the original and the update are maintained to support full audit availability for all system records. In addition, a problem tracking system accessible to all system users can also be implemented under the applications/

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			management 180 set of shared platform services. The preferred embodiment of the invention provides full arbitration and dispute resolution support to all system users by allowing customer service central personnel to use software operable on their computers to scan documents into a database record to select electronic messages, embed them in an electronic folder via the communications/ file transfer 192 shared platform services and transmit them to any party with system access.

"In support of these dispute resolution capabilities, customer service central personnel have authorized system security access to update any file through appending an attached record to the record under dispute, as described above. In this way a full history on a record is maintained within the central host(s) databases, however a customer service central record can override an automated activity. An example would be a payment dispute, where a service payment was made but has been questioned. As a result of an investigation supporting payment reversal, the customer service central staff member could append a funds reversal record on the provider service history/ payment database which would be calculated during the central host(s) service payment accounting cycle as a negative amount during the payment processing cycle and deducted from the value of a future funds transmission between the parties.

"Additionally, questions from any system customer regarding system billing can be supported through an on-line billing history archive within the electronic output/ archive 194 which allows a customer service central staff member to select the applicable subset of an electronic archived report (in central host administered central storage) created during central host processing cycles and, using software operable on their computer, to embed the contents into an electronic message to the requester, whether that requester is a service provider, a researcher, a medical insurer/ benefit provider, a health plan sponsor or a service recipient for transmission by the central host communication feature set within communications/ file transfer 192 shared platform services.

"The electronic communication features within the messaging/ file transfer |

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			shared platform services of the invention is available to all central system maintenance, security and customer service staff members to expedite addressing inquiries, problem resolution, setting tiered rates, and making adjustments to rates or for any other customer or system related reason.

Customer billing processes 172 provide integrated service billing for client organizations, such as insurers, sponsors, service providers and research users. As defined in the customer service support under the System/ Service Management functions described above, organizations can define the appropriate billing roll-up in accordance with their individual cost accounting process. These parameters are sued during the customer billing cycle. During the on-going use by the system users of the system features, as functions are performed counters for the function per account are incremented in the system activity file 190 shared platform services.

"On billing processing dates (which can be defined in the Account parameter 188 shared platform facility, the central billing application reads the system activity file and the account parameter records for the billing period and produces an electronic invoice of costs per service categories and total service charges per billing entity. These electronic invoices are transmitted electronically to the customer through the communication/ file transfer 192 shared platform service with a copy transmitted to the electronic output/ archive 194. If desired, the electronic transmission can accompany an electronic funds transfer from the customer to the system central processing facility, also performed through the Communication/ file transfer platform services.

"The Update Medication/ Procedures 174 processes of the invention provide entry of and changes to standardized codes for all prognoses, treatments, medications and treatments. Designated organizations and agencies can securely add values to field categories within the data dictionary shared platform service and access the medications/ procedure database 146 to update medications and procedures information. The authorized agencies can review on-line, download, or print any of the information stored in the medications/ procedures database. |

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			"Using the software operable on the agency's computer, the user accesses the central host(s), provides required security responses and accesses and downloads the current data dictionary and records within the Medications/ procedures database. New information for any of the appropriate sources can be added, deleted or changed manually or through a file append feature within their computer software. Such updates can include the identification via new category codes, descriptions and codes identifying warning conditions or incompatibilities, for new diagnoses, procedures, pharmaceuticals, etc. and can add informational records supporting any of these. "Changes are accompanied by active dates, defaulting to current dates, which allow advance notification on developing procedures or for upcoming FDA approval. Batched update features and copy capabilities for current record information is available to simplify changes to records. When all changes have been completed, edited for format correctness and an on-line audit approved, software within the agency's computer accesses the central host(s) and performs the security procedure, then the updated file is downloaded to the central host(s) and questions regarding implementation dates/ times, whether and to whom automated notifications are to be generated, and whether other approval communications are needed prior to submitting the change to the data dictionary or the medications/ procedures database. The change queue request is verified, the agency can disconnect from the central host(s) and the central host(s) performs the requested operations. "The update service provider information processes 176 are available to permit authorized organizations to create, update and delete information stored in the service provider database 104. This information includes records for licensed practitioners, records for licensed organizations, and organizational ownership information. Service provider records can also be updated to reflect continuing education classes attended by, and disciplinary action taken against a service provider. "Using the software operable on the agency's computer, the user

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			accesses the central host(s), provides required security responses and accesses and downloads the appropriate current records within the service provider database. New licensing, continuing education, disciplinary action, organizational ownership or other information for those records to which the agency has security control can be added, deleted or changed manually or through a file append feature within their computer software.
			"Changes are accompanied by active dates, defaulting to current dates, which allow advance notification on organizational ownership petitions, for example. Batched update features and copy capabilities for current record information is available to simplify changes to records. When all changes have been completed, edited for format correctness and an on-line audit approved, software within the agency's computer accesses the central host(s) and performs the security procedure, then the updated file is downloaded to the central host(s) and questions regarding implementation dates/ times, whether and to whom automated notifications are to be generated, and whether other approval communications are needed prior to submitting the change to the service provider database. The change queue request is verified, the agency can disconnect from the central host(s) and the central host(s) performs the requested operations."
			AS NOTED ABOVE, EDELSON DOES NOT IN ANY WAY INCLUDE JOHNSON'S SHARED PLATFORM SERVICES.
[17 – same as his new 10]		[Cummings does not explicitly teach said at least one service recipient's health care data records comprise a structured database of health care records constructed at points of service, an updateable problem list, and care plans, wherein local records are linked to remotely stored records. Edelson teaches such a data record feature (see column 4, lines 43-65 and column 5, lines 40-65). It would have been obvious to one of ordinary	In column 4, lines 43-65 Edelson states, "By associating a patient condition or problem with each drug prescribed, a treatment objective is both expressed and recorded, and the physician's intent is captured. The invention provides a user-friendly; prescription management system, which requires minimal data entry enabling many prescriptions to be created with an overall efficiency unobtainable by known automated systems, and which can helpfully supplement the skills of the best of practitioners. Pursuant to one preferred embodiment of the invention, the drugs in the drug list are classified according to a patient condition for which the drugs

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		skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of providing more detailed patient records and, as such, provide better patient care.]	are effective and the onscreen drug selection procedure lists multiple drugs for treating each patient problem. In an alternative embodiment, the user makes a drug selection by generic or brand name or some other drug identifier, and the system supplies, suggests or requires, entry of an appropriate treatment condition or conditions for which the selected drug is prescribed.
			The invention also provides a user-adaptive prescription management system for electronic prescription creation by a prescriber at a point of patient care, said prescription being usable by a pharmacist to dispense drugs, said prescription management system comprising:"
			In column 5, lines 40-65 Edelson states, "Preferably the system includes a comprehensive database of approved drugs classified by conditions for which they are known to have therapeutic effect and this database need not be maintained in the users station but should be accessible in real time to the user. Many valuable professional benefits are obtained by delivering a selective listing of drugs by condition to a physician. For example in treating a particular chronic condition such as gastro-intestinal disease, a physician may find that common medicaments such as antacids are ineffective, that a particular brand name drug such as TAGAMET (trademark) has, with prolonged use, undesired side effects so that the physician may at this point be interested in gaining information about alternative drugs with which they are less familiar. If the physician does not have the information at their finger tips, this could be a time consuming process in their office reviewing files and other archival information systems they have. Alternatively on-line electronic services may be used but this can also be a time consuming process. By offering a comprehensive selection of drugs known to be effective for a particular condition, this problem is easily solved for the physician. The preferred embodiments include back-up prescribing information on each drug, along with details of literature references supporting its manufacturer's therapeutic claims or with means enabling the physician promptly to obtain such references."
			The care records of Johnson are the patient/ service recipient health

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			information. Johnson's invention is not covered by the Edelson service as noted above.

On page 14, line 23 Johnson states: "In the preferred embodiment, the service recipient record data is chronologically indexed to create a continuous history of the service recipient's health care.

"The contents of a service recipient's record can include, for example: (1) uniform core data elements; (2) standardized coding systems and formulas; (3) common data dictionary; and (4) information on outcomes of care and functional status.

"The core data elements are a set of information fields defined in accordance with federal and international standard setting organizations. These include standard codes for diagnoses, procedures, medications and other elements of health care, standard identifier information for service providers and insurers, and standard data formats for maintaining and transmitting record information. All data elements and their coded values and textual descriptions are maintained in a common data dictionary, which is one of a shared set of platform services used by all system components during processing. (See, for example, Fig. 9).

"Records for each service recipient served by the system are stored in a Subscriber/ Medical history database. All personal and health care records are included in this centralized database. These records include standard codes for all plans/ benefits for which the service recipient is a participant. These codes are used to link to a Plan/ Benefit database to access detailed records of a service recipient's coverage.

"The service provider standard codes, defined under the Plan/ Benefit database record, are used to link to detailed information maintained in a service provider database. In this way, standardized codes are used to access records throughout the system. These records within the service recipient's Subscriber/ medical history record are preferable stored in chronological order. These records can contain multiple fields relating to the episode, care, outcome of care, and functional status. The personal information device of the service recipient can hold either a selected |

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[18 – same as his new 11]		[Cummings does not explicitly teach said system further comprising a data dictionary for ensuring standardization of all system database elements. Edelson teaches such a database feature (see column 48, lines 10-	In column 48, lines 10-14 Edelson states, "Data warehouses 212 can also provide search and retrieval facilities and, in particular, provide protocol interchange and reformatting capabilities to reformat or otherwise standardize data and communications across network 214, for any application to use."
			subset of the full service recipient record or the full record. In the preferred embodiment of the invention, the available storage parameters are used by the system to define a critical subset of the service recipient record to be stored on the card.

"In the preferred embodiment of the invention, a standardized, patient-oriented healthcare record with display of service recipient identification and emergency information followed by sequential episodes of care is used as a default format for service provider and service recipient access. This default format can be displayed as a screen display or a graphical user interface (GUI). A customized screen display can also be provided to meet the specific needs of a system user. This GUI can present the standardized health care record for the service recipient as it is downloaded from the individual information device or from the total record stored in the Subscriber/ Medical history database. This standardized health care record can include: (1) A structured, systematically collected database of service recipient health care records constructed at the point of service and collected during the service process; (2) An easily reviewed and updated problem list using standard diagnostic codes. Definitions can be updated and new diagnostic, procedural and medication codes created and stored in the central records; (3) Records of clinical formulations and plans for care and follow-up can be stored in the central host databases for use, for example, by all research organizations and agencies in assessing care components.

"In addition, intelligence built into the system includes decision support, clinician reminders, and customizable 'alarm' systems as explained below, in detail, in AI Medications/ procedures."

EDELSON DOES NOT HAVE A CARE RECORD. JOHNSON DOES. |

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		14). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enabling efficient communication between the various entities of Cummings.]	A data warehouse is only a storage location for data; it has no capabilities as claimed by Edelson. There is no mention in Edelson of the creation or usage of a data dictionary. A data dictionary contains the exact meaning, format, source and construction of all data elements within all data repositories (as specifically defined by Johnson in 102, 104, 114, 122, 146 and 162) and their relationships. This is not the same.
[19]13	23	[Examiner comments exactly the same as item 13 of 6/23/03.] As per claim 23, Cummings in view of Pitroda teach the system of claim 22 as described above. Cummings further teaches said health care services provider module further includes a function for maintaining service provider records, including licensing information, staffing affiliations, organizational ownership information, tax identification information, curriculum vitae of licensed practitioners, as well as information regarding disciplinary actions (see column 6, line 44 – column 7, line 2).	No, Cummings does not define a health care service provider module (which is really the service provider information module) including functions for maintaining service provider records including licensing information, staffing affiliations, organizational ownership information, tax identification information, curriculum vitae of licensed practitioners, as well as information regarding disciplinary action; Johnson does in module 176 and the files and processing supporting it. Beyond that, Cummings uses only the term "physician" and does not recognize or even mention any of these regulatory items. Johnson Claim 24 states: This system of Claim 23 covers the system of Claim 22 including support modules for "a medical insurer module including functions for plan definition, open enrollment marketing features, automated authorization of benefits, automated referrals, and service payment accounting (modules 100, 106, 108, 110, and 112); a health plan sponsor module including functions for open enrollment processes, maintenance of benefit plan information, and coordination, distribution, and deactivation of said portable individual information devices (modules 120, 124 and 126); a health care service provider module including functions for maintaining service recipient records, diagnosing and treating service recipient ailments, service payment management, and accounting services (modules 140, 142, 144, and 148); a health care research module including functions for the collection of data on said system for research and analysis of health care issues (modules 160, 166 and 164); and a service support module including

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			functions for service parameter maintenance, product support, customer requests, and system maintenance (modules 170, 172, 174 and 176, all managing the shared platform services 178,180, 182, 184, 186, 188, 190 and 192, which are needed by someone "extraordinarily skilled in the art" to maintain the entire service and the core databases 146, 122, 102, 104, 114, 162 and 194 or no service at all would be possible). The addition given in Claim 23 adds "health care service provider module further includes a function for maintenance of service provider records, including licensing information, staffing affiliations, organizational ownership information, tax identification information, curriculum vitae of licensed practitioners, and information regarding disciplinary actions against the health care service provider."
			Cummings column 6, line 44 through column 7, line 2 covers "The Physician File 44 is provided to represent several classes of information and data that are useful in practicing the principles of the invention... If symptoms are entered into the system terminal (e.g. one of terminals 11a-11c), and an identification of the corresponding illness is requested from the Processing System 10, the physician's file is interrogated and the system prepares a list of the most likely medical condition corresponding to such symptoms, together with the generally approved and/or recommended treatment protocols." There is no design defining how this would be accomplished. Cummings claim here is based only on these words and has no bearing on Johnson's service provider information module.
[20]14	29	[Examiner comments exactly the same as item 14 of 6/23/03.]	Johnson's claim 29 states "The system of Claim 23, wherein said centralized host computer is one of a computer, or a network of linked computers having at least one server." It covers the hardware environment upon which claim 23 operates; the health care service provider module and all that it includes.
		As per claim 29, Cummings in view of Pitroda teach the system of claim 23 as described above. Cummings further teaches said centralized host computer is one of a computer, or a network of linked computers having at least one central server (see column 4, lines 4-21).	Cummings states "Now turning to the drawing, and more particularly Fig 1 thereof, it will be observed that it depicts the principal components of a preferred system in accordance with the principles of the invention. Depicted there are processing system 10 which is interconnected with one or more physician office terminals 11a-11c by conventional

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[21]15	4, 36	[Examiner comments exactly the same as item 15 of 6/23/03.] Claims 4 and 36 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cummings, U.S. Patent No. 5,301,105 (as previously applied) in view of Pitroda, U.S. Patent No. 5,590,038 and further in view of Edelson et al., U. S. Patent No. 5,737,539.	communication paths 12. Terminals 11a-11c may be any of a variety of conventional data input terminals (e.g., such as that shown in Fig 2 and described below) that provide for pre-recorded card and/or manual data entry input. Also included are conventional printer 13 (linked to Processing System 10 via link 14a) and monitor 14 (linked to Processing System 10 via link 13a), monitor 14 preferably having a high resolution CRT screen positioned in a location within the physician's office so as to facilitate observation and review. This monitor may be of the type normally available with current state of the art Personal Computers." As noted above, Johnson's claim 29 is on the hardware environment (which uses standard components available on the open market) on which the software design and process invention operates. Johnson's claim 4 states "The system of Claim 3, wherein said health care research module further strips the health care data of any personal information that might compromise the anonymity of the individual service recipient from whom the health care data was collected before distributing the information to any other component of the module." It covers the health care research module (Fig. 3, element 60) supports research organizations in such areas as product development, public health, utilization and quality review, regulatory and compliance review, education, and scientific and health care research. Data warehouse queries 160 are conducted using the standardized definitions stored in the data dictionary 184. None of this is covered by Cummings, Pitroda or Edelson's "Prescription Creation System." Johnson's claim 36 states "The method of claim 32 further including a step of stripping the information of any data that might compromise anonymity of the individual from whom the information was collected." None of this is covered by Cummings, Pitroda or Edelson.
[22]16	4	[Examiner comments exactly the same as item 16 of 6/23/03.] As per claim 4, Cummings in view of Pitroda teach the system of calim(sp.) 3 as described above. Cummings does not explicitly teach stripping health care data of any personal	No. Edelson controls access to patient-related data, but strips patient identifiers or aggregates data for the purpose of masking prescriber information, and this for prescription purposes only. Johnson uses stripped data for health care research purposes defined in modules 160, 166 and 164, which create queries housed in database 162 using the data dictionary 184 to query databases 122, 102, 104 and 114. In Medical Research 60 in Figure 3 Johnson has defined medical research

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		information that might compromise the anonymity of the individual service recipient from whom the health care data was collected before distributing the information to any other component of the module. Edelson teaches stripping health care data of any personal information that might compromise the anonymity of an individual service recipient from whom health care data was collected before distributing the information to any other component of a module (see column 18, lines 15-25). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate this anonymity feature into the system of Cummings. One of ordinary skill in the art would have been motivated to incorporate such a feature for the purpose of enhancing privacy features for patients.	component users including: allied health professional schools and programs; medical schools; nursing schools; public health schools; accreditation organizations; institutional licensure agencies; professional licensure agencies; disease registries; federal, state and local government policy-makers; agencies investigating legal compliance; lawyers; health care researchers and clinical investigators; health care technology developers and manufacturers; health data organizations; health sciences journalists and editors; research centers; medicare peer review organizations; quality assurance companies; risk management companies; utilization review and management companies; and service providers and service recipients. Edelson's single use is not the same as the multitude of users and their research uses defined by Johnson. Edelson states "Patient-confidentiality aspects of this data have been addressed above and can be satisfactorily managed by controlling access to patient-related data in accordance with a patient's previously, or currently expressed wishes, as described herein. In addressing physician-oriented prescribing issues, the historical record may be rendered patient-anonymous by stripping the data of recognizable patient identifiers, or aggregating the data. The resultant historical prescribing data can communicate significant information about the prescriber, is personal and proprietary to the prescriber."
[23]17	36	[Examiner comments exactly the same as item 17 of 6/23/03.] Claim 36 contains substantially similar method limitations to system claim 4 and, as such, is rejected for similar reasons given above.	Johnson's claim 36 states "The method of claim 32 further including a step of stripping the information of any data that might compromise anonymity of the individual from whom the information was collected." As the examiner is referring to claim 4, see above.
[24]18	5-7, 24-28, 30,33, and 35	[Examiner comments exactly the same as item 18 of 6/23/03.] Claims 5-7, 24-28, 30, 33, and 35 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cummings, U.S. Patent No. 5,301,105 (as previously applied) in view of Pitroda, U.S. Patent No. 5,590,038 and further in view of	Regarding Johnson claims 5-7, 24-28, 30, 33 and 35, see below.

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[25]19	5	[Examiner comments exactly the same as item 19 of 6/23/03.] A per claim 5, Cummings in view of Pitroda teach the system of claim 1 as described above. Cummings does not explicitly teach including a statistical analysis module for providing statistical analysis of said common-format health care data stored in said system (see column 6, lines 9-23). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate the data analysis feature of Ertel into the system of Cummings. One of ordinary skill in the art would have been motivated to include such a feature for the purpose of enhancing accuracy in patient records over time (see column 5, lines 35-39 of Ertel).	Ertel, U.S. Patent No. 5,307,262.	Johnson's claim 5 states "The system of Claim 3 further including a statistical analysis module for providing statistical analysis of said common-format health care data stored in said system." The statistical analysis functions in Johnson are shown in Fig 8, modules 166 and 164. In addition in Medical Research 60 in Figure 3 she has defined users including: allied health professional schools and programs; medical schools; nursing schools; public health schools; accreditation organizations; institutional licensure agencies; professional licensure agencies; disease registries; federal, state and local government policy-makers; agencies investigating legal compliance; lawyers; health care researchers and clinical investigators; health care technology developers and manufacturers; health data organizations; health sciences journalists and editors; research centers; medicare peer review organizations; quality assurance companies; risk management companies; utilization review and management companies; and service providers and service recipients. Ertel does not teach a statistical analysis module for providing statistical analysis of said common-format health care data stored in said system; Johnson does in modules 166, 164 and the files and processing supporting it. In column 6, lines 9-23 Ertel states "The method also includes the steps of displaying via a system output device the patient identifiers and the clinical data; displaying via a system output device at least one message based on the determined misreporting conditions in the patient data; automatically accumulating aggregate case data and system analysis data on a plurality of patient cases and storing the aggregate case and system analysis data in the system data files in the memory means; automatically analyzing the aggregate case data to obtain analyzed aggregate case data; and generating at least one analysis report for a plurality of patient cases based upon the analyzed aggregate case data." This analysis is,the output of the DRG analysis of patient codes for maximum payment prior to the submittal of the invoice for medicare payment. It is the sole function of Ertel's system. In Column 5, lines 35-39, Ertel states "Finally, aggregate data profiles are generated that categorize data quality

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[26]20	33 and 35	[Examiner comments exactly the same as item 20 of 6/23/03.] Claim 33 and 35 contains substantially similar method limitations to system claim 5 and, as such, is rejected for similar reasons given above.	problems by both type and source, making it possible to identify systematic problems in data quality, intervene appropriately, and monitor subsequent progress over time." This purpose of Ertel's system to catch coding errors as they related to payment, again the single function of Ertel's system. It is irrelevant to Johnson's patent. The comment of the examiner that "one of ordinary skill in the art would have been motivated to include such a feature for the purpose of enhancing accuracy in patient records over time" is not applicable for Johnson's medical research module functions. Her user audience and their research needs are not addressed by Ertel. Johnson claim 33 states "The method of claim 32 wherein said analyzing step further includes the step of performing statistical analysis of the information such that resulting analytical data is suitable for use in a clinical research facility; wherein the clinical research facility is a component of the system; and wherein the clinical research facility further distributes the analytical data to at least one government agency." Johnson claim 35 states "The method of claim 34 wherein said analyzing step is performed by a statistical module and wherein the statistical module uses analytical algorithms specific to the component of the system." As the examiner refers to claim 5, see above.
[27]21	6	[Examiner comments exactly the same as item 21 of 6/23/03.] As per claim 6, Cummings in view of Pitroda and Ertel teach the system of claim 5 as described above. Cummings does not explicitly teach a card reader linked to said provider terminal, for accessing and transmitting information among said portable individual information device and any of said components of said system. Pitroda teaches a card reader linked to said provider terminal, for accessing and transmitting information	Johnson claim 6 states "The system of Claim 5 further comprising a card reader linked to said provider terminal, for accessing information stored on said portable individual information device, and for transmitting information among said portable individual information device and any of said components of said system." Pitroda column 4, lines 35-41 states "The present invention also provides for a universal electronic transactions card and communications system ("UET card and communications system") for storing, transmitting, and receiving the type of information discussed above for a plurality of service institutions. The system includes a plurality of UET cards adapted to fit in a pocket or a purse and a plurality of communications interface units ("CIU").

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		among said portable individual information device and any of said components of said system (see column 4, lines 35-41). It would have been obvious to one of ordinary skill in the art of health care management to incorporate this card reader feature into the system of Cummings for the reasons given above with respect to claim 1.	As noted above, Johnson's invention uses commercially available hardware and firmware components. Also as noted above, Pitroda does not have a design for his UET card and CIU that would be able to achieve ISO standardization necessary for use in Johnson's invention. It is irrelevant to Johnson's invention.
[28]22	7	[Examiner comments exactly the same as item 22 of 6/23/03.] As per claim 7, Cummings in view of Pitroda and Ertel teach the system of claim 6 as described above. Cummings further teaches said provider terminal is operable to communicate with said entire system or any portion of said system, or is operable independently from said system (see column 4, lines 4-14).	Johnson claim 7 states "The system of Claim 6, wherein said provider terminal is operable to communicate with said entire system or any portion of said system, or is operable independently from said system." Cummings column 4, lines 4-14 states "Now turning to the drawing, and more particularly Fig. 1 thereof, it will be observed that it depicts the principal components of a preferred system in accordance with the principles of the invention. Depicted there are processing system 10 which is interconnected with one or more physician office terminals 11a-11c by conventional communication paths 12. Terminals 11a-11c may be any of a variety of conventional data input terminals (e.g., such as that shown in Fig. 2 and described below) that provide for pre-recorded card and/or manual data entry input." Manual data entry by a physician (in an undefined and undersigned file) bears no relationship to the integrated database functions supporting the full health care value chain system users of Johnson's invention.
[29]23	24	[Examiner comments exactly the same as item 23 of 6/23/03.] As per claim 24, Cummings in view of Pitroda teach the system of claim 23 as described above. Cummings does not explicitly teach including a statistical analysis module for providing statistical analysis of said common-format health care data stored in said system. Ertel teaches including a statistical analysis module for providing statistical analysis of said common-format health care data stored	Johnson Claim 24 states: "The system of Claim 23, further comprising an integrated statistical analysis software module for providing statistical analysis of said health care data stored in said system." This system of Claim 23 covers the system of Claim 22 including support modules for "a medical insurer module including functions for plan definition, open enrollment marketing features, automated authorization of benefits, automated referrals, and service payment accounting (modules 100, 106, 108, 110, and 112); a health plan sponsor module including functions for open enrollment processes, maintenance of benefit plan information, and coordination, distribution, and deactivation of said portable individual information devices (modules 120, 124 and 126); a health care service provider module including functions for maintaining service recipient

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		in said system (see column 6, lines 9-23). It would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate the data analysis feature of Ertel into the system of Cummings. One of ordinary skill in the art would have been motivated to include such a feature for the purpose of enhancing accuracy in patient records over time (see column 5, lines 35-39 of Ertel).	records, diagnosing and treating service recipient ailments, service payment management, and accounting services (modules 140, 142, 144, and 148); a health care research module including functions for the collection of data on said system for research and analysis of health care issues (modules 160, 166 and 164); and a service support module including functions for service parameter maintenance, product support, customer requests, and system maintenance (modules 170, 172, 174 and 176, all managing the shared platform services 178,180, 182, 184, 186, 188, 190 and 192, which are needed by someone "extraordinarily skilled in the art" to maintain the entire service and the core databases 146, 122, 102, 104, 114, 162 and 194 or no service at all would be possible). The addition given in Claim 23 adds "health care service provider module further includes a function for maintenance of service provider records, including licensing information, staffing affiliations, organizational ownership information, tax identification information, curriculum vitae of licensed practitioners, and information regarding disciplinary actions against the health care service provider." Finally, Claim 24 covers "The system of Claim 23, further comprising an integrated statistical analysis software module for providing statistical analysis of said health care data stored in said system." In column 6, lines 9-23 of Ertel's "Patient Data Quality Review Method and System" which is a processing routine that uses commercially available or public domain DRG groupers used to check codes against payment requirements and loads them into the "Grouper" program files and tables to be used by his process, he states "The method also includes the steps of displaying via a system output device the patient data including the patient identifiers and the clinical data; displaying via a system output device at least one message based on the determined misreporting conditions in the patient data; automatically accumulating aggregate case data and system analysis data on a plurality of patient cases and storing the aggregate case and system analysis data in the system data files in the memory means; automatically analyzing the aggregate case data to obtain analyzed aggregate case data; and generating at least one analysis report for a plurality of patient cases based upon the analyzed aggregate case data."

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[30]		[The Examiner fails to include an item 30]	In column 5, lines 35-39 Ertel states "Finally, aggregate data profiles are generated that categorize data quality problems by both type and source, making it possible to identify systematic problems in data quality, intervene appropriately, and monitor subsequent progress over time." Johnson's invention covers the entire health care value chain and provides a detailed design for the creation of such a system, while Cummings does neither and Ertel deals only with the analysis of diagnosis related groups (DRGs) by a health provider organization for the purpose of maximizing their reimbursement prior to submitting invoices for payment. There is no comparison between these patents nor in the data available for analysis or the research capabilities with this data.
[31]24	25	[Examiner comments exactly the same as item 24 of 6/23/03.] As per claim 25, Cummings in view of Pitroda and Ertel teach the system of claim 24 as described above. Cummings further teaches a billing module for calculating billing information for a service provided to the at least one individual service recipient (see column 5, lines 2-8).	No. Cummings does not teach a "billing module for calculating billing information for a service provided;" Johnson does. In Claim 25: "The system of Claim 24, further comprising a billing information for a service provided to the individual service recipient." This feature uses Fig. 7 module 148 with associated database recipient." This feature uses Fig. 7 module 148 with associated database 102 as well as the shared services of 178, 180, 182, 184, 186, 188, 190, 192. Cummings: "Somewhat similar considerations apply with respect to Claims File 20. There is stored detailed information covering relevant items of interest in ensuring accurate administration of claims in accordance with applicable criteria. Included are items such as those relating to claims histories, claims under review and claims in process." His Claims File 20 is only a box on a diagram with no functions or processing defined. There is no definition of "relevant items of interest" anywhere in his patent. It is inoperable.
[32]25	26	[Examiner comments exactly the same as item 25 of 6/23/03.] As per claim 26, Cummings in view of Pitroda and Ertel teach the system of claim 25 as described above. Cummings further teaches	No. Cummings does not teach an "insurance benefits module for calculating available insurance benefits for a service provided;" Johnson does. In Johnson Claim 26: "The system of Claim 25, further comprising a insurance benefits module for calculating available insurance benefits for a service provided to the individual service recipient." This feature uses Fig. 4 module 108 with associated database 114 as well as the

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		an insurance benefits module for calculating available insurance benefits for a service provided to the at least one individual service recipient (see column 4, lines 53-68).	shared services of 178, 180, 182, 184, 186, 188, 190, 192. Cummings states "For situations in which an insurance company is involved, relevant insurance company information and benefits as represented by Insurance Company File 18. Examples of pertinent information in such File 18 include the identification of covered illnesses and procedures, limits on insurance company payments for various illnesses and procedures, treatments and procedures for which utilization review is required, and treatments and procedures for which second opinions are necessary. Since the system hereof contemplates compatibility with conventional insurance provisions that include patient deductibles, co-insurance by patient or another company and various other considerations that require selected individualized historical and other data to be recorded for each participant, system memory either includes or has access to files for each person as denoted by the Insured File 19." Data must be entered and processes must be defined within the system to make such a function operable. Cummings does not understand this, which is demonstrated by his comment that his information is held in "system memory." There is no RAM capability that could maintain such data and there is no means defined within Cummings invention to obtain such data and there is no design included on how any of this would work, and does not cover the features of Johnson's design.
[33]26	27	[Examiner comments exactly the same as item 26 of 6/23/03, with the exception of added text shown in brackets.] As per claim 27, Cummings in view of Pitroda and Ertel teach the system of claim 24 as described above. Cummings further teaches a payment module for electronically transferring funds to pay a bill for services provided to the at least one individual service recipient [, said payment module including at least one shared platform service and at least one database managing process for billing	No. Cummings does not teach a payment module for electronically transferring funds to pay a bill for services provided to at least one individual service recipient; Johnson does. Johnson's claim 27 states "The system of Claim 24, further comprising a payment module for electronically transferring funds to pay a bill for services provided to said service recipient." Cummings states "banks or other repositories of funds are integrated into the system so as to provide automated transfer of funds to accounts of physicians and other health care providers." Cummings not only includes no definition of the process or of a design, but this is not even the method by which payments for medical services are made. Banks do not authorize payments, they provide funds transfer capabilities only and

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		and payment] (see column 3, lines 22-26[, clearly the payment feature must be linked to billing so that appropriate payment can be provided]).	account parameters must be known and configured once authorization is secured. Cummings has no knowledge of this. Johnson's design manages these features through module 112 with associated database 114 as well as the shared services of 178, 180, 182, 184, 186, 188, 190, 192.
[34]27	28	[Examiner comments exactly the same as item 27 of 6/23/03, with the exception of added text shown in brackets.] As per claim 28, Cummings in view of Pitroda and Ertel teach the system of claim 24 as described above. Cummings further teaches an authorization module for authorizing service recipient treatment, said authorization module including at least one shared platform service and at least one database managing process for authorization] (see column 11, lines 37-43).	No. Cummings does not teach an authorization module for authorizing service recipient treatment; Johnson does. Johnson's claim 28 states "The system of Claim 24, further comprising an authorization module for authorizing service recipient treatment." Johnson's design manages the features through modules 134, 108, 110, 144 and 142 with associated databases 102, 122, 104, 114, 162 and 146 as well as the shared platform services of 178, 180, 182, 184, 186, 188, 190 and 192. Cummings states "The System interrogates the Insurance Company (or other payor) files, e.g. file 18 in Fig. 1, and verifies that the ICD9 codes either meet or do not meet applicable criteria. This is noted by rectangle 128. In so doing, the expense associated with the incident is considered as a claim and is reviewed as noted by rectangle 129 'Verify Claim for Proper Treatment and Charges.'" There is no design either for the "Insurance Company File" or for the process that would be required to handle this function. Cummings only provides the two boxes of text in figure 6, with no definition on how this would occur. It is inoperable as well as irrelevant to the functions defined by Johnson.
[35]28	30	[Examiner comments exactly the same as item 28 of 6/23/03.] As per claim 30, Cummings in view of Pitroda and Ertel teach the system of claim 24 as described above. Cummings further teaches said system provides access to any of Social Security, annuity, retirement account, and benefit information (see column 5, lines 11-18). Cummings does not explicitly teach providing comparative statistical analysis. Ertel teaches providing comparative statistical analysis (see column 15, lines 12-20). It	No. Cummings does not provide access to any of Social Security, annuity, retirement account, and benefit information; Johnson does. Johnson's claim 30 states "The system of Claim 24, wherein said system provides access to any of Social Security, annuity, retirement account, and benefit information, and said statistical analysis module provides comparative statistical analysis of Social Security, retirement account and benefit information." Johnson's design manages the features through modules 106, 100, 108, 112, 116, 120, 126, 130, 134, 160, 166 and 164 with associated databases 102, 122, 104, 114, and 162 as well as the shared platform services of 178, 180, 182, 184, 186, 188, 190 and 192. Cummings states "an Employer File 21a which is indicative of those employee data which affect operation and implementation of the

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		would have been obvious to one of ordinary skill in the art of healthcare management at the time of the invention to incorporate the data analysis feature of Ertel into the system of Cummings. One of ordinary skill in the art would have been motivated to include such a feature for the reasons given above with respect to claim 24.	Wellness Health Management System. Examples are employee identification data such as employee identification numbers, length of service where such length of service affects participation in and coverage under the System"

Ertel states "Once patient data have been corrected, a second (i.e. followup) data set is created that permits the generation of data comparison summary reports, such as by a printer 46. Not only is it possible to contrast the quality of initial versus final (i.e. corrected) data, it is also possible to calculate the impact of the overall data correction process on hospital-based payments. Described below are two types of reports that are considered to be standard output of the system." |
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